

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071763

Entity Name: REJUVANENCE MEDSPA, LLC

FILED  
Apr 27, 2007  
Secretary of State

**Current Principal Place of Business:**

1030 A1A NORTH  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

1030 A1A NORTH  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

FEI Number: 20-5486156

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARRIS, TAMARA K  
401 SAN JUAN DRIVE  
PONTE VEDRA BEACH, FL 32082 US

**Name and Address of New Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KEVIN R. ROBERTS

04/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: HARRIS, JOHN B M.D.  
Address: 1030 A1A NORTH  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM ( ) Change (X) Addition  
Name: PUENTE, ENRIQUE A  
Address: 186 SAN JUAN DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM ( ) Change (X) Addition  
Name: SCHUETZ, GEORGE  
Address: 1692 PINECREST DRIVE  
City-St-Zip: ORANGE PARK, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN B. HARRIS, M.D.

MGRM

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date