## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000071763

Address:

City-St-Zip:

ORANGE PARK, FL 32003

Entity Name: REJUVANENCE MEDSPA, LLC

FILED Mar 09, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1030 A1A NORTH PONTE VEDRA BEACH, FL 32082 **Current Mailing Address: New Mailing Address:** 1030 A1A NORTH PONTE VEDRA BEACH, FL 32082 FEI Number: 20-5486156 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM ( ) Delete Title: () Change () Addition HARRIS, JOHN B M.D. Name: Name: Address: 1030 A1A NORTH Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PUENTE, ENRIQUE A Name: Address: 186 SAN JUAN DRIVE Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SCHUETZ, GEORGE Name: Name: 1692 PINECREST DRIVE

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.

Address:

City-St-Zip:

SIGNATURE: JOHN B. HARRIS, M.D. **MGRM** 03/09/2008