

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000071763

**Entity Name:** REJUVANENCE MEDSPA, LLC

**FILED**  
**Apr 02, 2010**  
**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:**

4413 TOWN CENTER PARKWAY  
SUITE 209  
JACKSONVILLE, FL 32246

**FEI Number:** 20-5486156

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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:**

Title: MGRM  
Name: HARRIS, JOHN B M.D.  
Address: 4413 TOWN CENTER PARKWAY, SUITE 209  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby 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

04/02/2010

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