

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099007

FILED
Apr 21, 2007
Secretary of State

Entity Name: NU HORIZONS MEDICAL SPA LLC

Current Principal Place of Business:

7100 WEST 20TH AVENUE
SUITE 304
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

7100 WEST 20TH AVENUE
SUITE 304
HIALEAH, FL 33016

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOJO, ROBERTO MD
7100 WEST 20TH AVENUE
SUITE 304
HIALEAH, FL 33016 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 () Delete
Name: FOJO, ROBERTO MD
Address: 7100 WEST 20TH AVENUE SUITE 304
City-St-Zip: HIALEAH, FL 33016

Title: MGRM () Delete
Name: FOJO, CHRISTY M
Address: 7100 WEST 20TH AVENUE SUITE 304
City-St-Zip: HIALEAH, FL 33016

Title: MGRM () Delete
Name: FOJO, CRISTINA
Address: 7100 WEST 20TH AVENUE SUITE 304
City-St-Zip: HIALEAH, FL 33016

Title: MGRM () Delete
Name: FOJO, STEPHANIE M
Address: 7100 WEST 20TH AVENUE SUITE 304
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERTO FOJO MD

MGRM

04/21/2007

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