2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# L06000109050

Entity Name: AMERICAN INSTITUTE OF AESTHETIC MEDICINE, LLC

Current Principal Place of Business:

227 MICHIGAN AVENUE, SUITE 404
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

227 MICHIGAN AVENUE, SUITE 404
MIAMI BEACH, FL 33139

New Mailing Address:

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

Name and Address of Current Registered Agent:

MERKIN, STEWART A
444 BRICKELL AVENUE, SUITE 300
MIAMI, FL 33131 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: MGR ( ) Delete
Name: DEWANDRE, LUC
Address: 227 MICHIGAN AVENUE, SUITE 404
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

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

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: DEWANDRE MGR 03/24/2009

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