

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000109050

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**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: PRES  
Name: DEWANDRE, LUC  
Address: 227 MICHIGAN AVENUE, SUITE 404  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MNGR  
Name: DEWANDRE, RAPHAEL  
Address: 227 MICHIGAN AVENUE, SUITE 404  
City-St-Zip: MIAMI BEACH, FL 33139

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: DEWANDRE

MNGR

03/09/2010

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