

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000109050

**FILED**  
**Jan 11, 2011**  
**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:** 27-2479189

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**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:**

CHUCK, ROSS  
12864 BISCAYNE BLVD  
#372  
NORTH MIAMI, FL 33181 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: ROSS

01/11/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: MEMB  
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

MEMB

01/11/2011

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