

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000109050

**FILED**  
**Jan 17, 2012**  
**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:**

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

01/17/2012

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