2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

DOCUMENT# L06000115420

Entity Name: THE VAIN CLINIC, L.L.C.

Current Principal Place of Business:

8204 KIAWAH TRACE
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

160 NW CENTRAL PARK PLAZA
SUITE 104
PORT ST. LUCIE, FL 34986

Current Mailing Address:

8204 KIAWAH TRACE
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 51-0610492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAXLER, CAROL S ESQ.
ALLEY, MAASS, ROGERS & LINDSAY, P.A.
518 SW 3RD STREET, SUITE 101
STUART, FL 34994 US

Name and Address of New Registered Agent:

ROBERTS, PAMELA M.D.
8204 KIAWAH TRACE
PORT ST LUCIE, FL 34986 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: PAMELA ROBERTS, M.D. 03/06/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR ( ) Change (X) Addition
Name: ROBERTS, PAMELA
Address: 8204 KIAWAH TRACE
City-St-Zip: PORT ST LUCIE, FL 34986

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: PAMELA ROBERTS DR 03/06/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date