

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115420

FILED
Jun 01, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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: PAMELA ROBERTS

DR

06/01/2009

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