

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115420

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

FILED
Feb 08, 2011
Secretary of State

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 ()

Name and Address of Current Registered Agent:

ROBERTS, PAMELA M.D.
8204 KIAWAH TRACE
PORT ST LUCIE, FL 34986 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: DR
Name: ROBERTS, PAMELA
Address: 8204 KIAWAH TRACE
City-St-Zip: PORT ST LUCIE, FL 34986

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: PAMELA ROBERTS, MD

MGMR

02/08/2011

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