2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2007
Secretary of State

DOCUMENT# L06000115689

Entity Name: INFINITE VITALITY BOCA LLC

Current Principal Place of Business:

812 W. DR. MLK BLVD.
201
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

812 W. DR. MLK BLVD.
201
TAMPA, FL 33603

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INFINITE VITALITY LLC
812 W. DR. MLK BLVD.
201
TAMPA, FL 33603 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: MGRM ( ) Delete
Name: INFINITE VITALITY LL, C
Address: 812 W. DR. MLK BLVD.
City-St-Zip: TAMPA, FL 33603

Title: MGRM ( ) Delete
Name: BLU MEDICAL BEAUTY S, PA
Address: 7050 W. PALMETTO PARK RD.
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: WOLSTEIN, BRIAN G DR.
Address: 812 W. DR. MLK BLVD.
City-St-Zip: TAMPA, FL 33603

Title: DR. (X) Change ( ) Addition
Name: BLU MEDICAL BEAUTY S, PA
Address: 7050 W. PALMETTO PARK RD.
City-St-Zip: BOCA RATON, FL 33433

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: BRIAN WOLSTEIN DR. 02/06/2007

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