

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033513

FILED
Feb 20, 2012
Secretary of State

Entity Name: LIFESTYLES SOLUTIONS MEDSPA, P.L.

Current Principal Place of Business:

2139-B N.E. 2ND STREET
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

2139-B N.E. 2ND STREET
OCALA, FL 34470

New Mailing Address:

FEI Number: 20-8738401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLOWAY, MICHAEL M M.D.
2139-B N.E. 2ND STREET
OCALA, FL 34470 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: MGR
Name: HOLLOWAY, MICHAEL M
Address: 2139-B N.E. 2ND STREET
City-St-Zip: Ocala, FL 34470

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: MICHAEL M. HOLLOWAY, MD

MEMB

02/20/2012

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