

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000036932

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** PHYSICIANS REJUVENATION CENTERS LLC

**Current Principal Place of Business:**

11911 US 1, STE 120  
NORTH PALM BEACH, FL 33410

**New Principal Place of Business:**

618 US HWY 1  
SUITE 200  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

11911 US 1, STE 120  
NORTH PALM BEACH, FL 33410

**New Mailing Address:**

618 US HWY 1  
SUITE 200  
NORTH PALM BEACH, FL 33408

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TULLY, BRIAN P  
11911 US HWY 1  
120  
NORTH PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

TULLY, BRIAN P  
618 US HWY 1  
200  
NORTH PALM BEACH, FL 33408 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: BRIAN TULLY

04/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: TULLY, BRIAN P  
Address: 618 US HWY 1 SUITE 200  
City-St-Zip: NORTH PALM BEACH, FL 33408

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: BRIAN TULLY

MGR

04/26/2011

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