2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# L07000051430

Entity Name: TAMPA AESTHETIC CENTER, LLC

Current Principal Place of Business:

508 SOUTH HABANA AVENUE, STE. 180
TAMPA, FL 33609

New Principal Place of Business:

508 SOUTH HABANA AVENUE
SUITE 180
TAMPA, FL 33609

Current Mailing Address:

508 SOUTH HABANA AVENUE, STE. 180
TAMPA, FL 33609

New Mailing Address:

508 SOUTH HABANA AVENUE
SUITE 180
TAMPA, FL 33609

FEI Number: 26-0202653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLBY, ALFRED A
305 SOUTH BOULEVARD
TAMPA, FL 33606 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: WELLS, KAREN
Address: 508 S HABANA AVE STE 180
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WELLS, KAREN E
Address: 508 S HABANA AVE STE 180
City-St-Zip: TAMPA, FL 33609

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: KAREN E WELLS MGRM 01/20/2009

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