

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000051430

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** TAMPA AESTHETIC CENTER, LLC

**Current Principal Place of Business:**

508 SOUTH HABANA AVENUE  
SUITE 180  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

508 SOUTH HABANA AVENUE  
SUITE 180  
TAMPA, FL 33609

**New Mailing Address:**

**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  
**Name:** WELLS, KAREN E  
**Address:** 508 S HABANA AVE STE 180  
**City-St-Zip:** TAMPA, FL 33609

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: KAREN E WELLS MD

MGRM

02/07/2012

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