2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L07000075965

Entity Name: LASER MEDSPAS, LLC

Current Principal Place of Business:

1740 EAST COMMERCIAL BLVD
FT LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

1740 EAST COMMERCIAL BLVD
FT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 61-1535300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKEY, SHAWN
1740 EAST COMMERCIAL BLVD
FT LAUDERDALE, FL 33334 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: SABATINO, ADRIAN
Address: 1740 EAST COMMERCIAL BLVD
City-St-Zip: FT LAUDERDALE, FL 33334

Title: MGRM ( ) Delete
Name: BURKEY, SHAWN
Address: 2384 LOB LOLLY LANE
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SHAWN BURKEY MGRM 04/15/2009

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