


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90061 032 ***143.75

DOCUMENT # L07000105592					
1. Entity Name M.D. AESTHETICS & WELLNESS INSTITUTE, PLLC					
Principal Place of Business 2400 PINE HAMMOCK CLEARWATER, FL 33764			Mailing Address 2400 PINE HAMMOCK CLEARWATER, FL 33764		
2. Principal Place of Business - No P.O. Box # 10941 Countryway Blvd		3. Mailing Address 10941 Countryway Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 26-1281731	
Zip 33626		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent REDDY, ANITHA 2400 PINE HAMMOCK CLEARWATER, FL 33764		7. Name and Address of New Registered Agent Name: ANITHA REDDY Street Address (P.O. Box Number is Not Acceptable): 10941 Countryway Blvd City: Tampa FL Zip Code: 33626			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>[Signature]</u> DATE: <u>04.22.08</u> <small>Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM	NAME REDDY, ANITHA		<input type="checkbox"/> Delete		
STREET ADDRESS 2400 PINE HAMMOCK	CITY-ST-ZIP CLEARWATER, FL 33764		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>[Signature]</u>			Date: <u>04.22.08</u> Daytime Phone #: <u>727-25-2926</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					