

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

08 OCT 23 PH 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700137211817
10/23/08--01011--024 **50.00



10202008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000113572					
1. Entity Name AVENTURA AESTHETIC SURGICENTER & MEDISPA, LLC					
Principal Place of Business 21355 EAST DIXIE HIGHWAY SUITE 109 AVENTURA, FL 33180 US			Mailing Address 21355 EAST DIXIE HIGHWAY SUITE 109 AVENTURA, FL 33180 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-1418008	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSENTHAL, KERRY E 2875 NE 191 STREET SUITE 500 AVENTURA, FL 33180			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMUNATEGUI, LEE ANN 21355 EAST DIXIE HIGHWAY, SUITE 109 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMUNATEGUI, ANDREW 21355 E. DIXIE HWY, SUITE 109 AVENTURA, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: _____			Heather A. Smith, Authorized Rep 10/21/08 305937032		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		