2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000114173

Entity Name: AVM AESTHETICS, LLC

City-St-Zip:

FILED May 19, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 646 SANTA CLARA TRAIL 12020 SOUTH SHORE BLVD. WELLINGTON, FL 33414 SUITE 300 WELLINGTON, FL 33414 **Current Mailing Address: New Mailing Address:** 646 SANTA CLARA TRAIL 12020 SOUTH SHORE BLVD. SUITE 300 WELLINGTON, FL 33414 WELLINGTON, FL 33414 FEI Number: 26-1479642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HCRM CORP 2200 NW CORPORATE BLVD STE 401 BOCA RATON, FL 33431 US 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: ADDITIONS/CHANGES: () Delete Title: () Change (X) Addition GHARAKHANI, ARMINEH Name: Name: Address: Address: 12020 SOUTH SHORE BLVD City-St-Zip: City-St-Zip: WELLINGTON, FL 33414 Title: Title: () Change (X) Addition () Delete MYGRANT, RHONDA Name: Name: Address: Address: 12020 SOUTH SHORE

City-St-Zip:

WELLINGTON, FL 33414

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: ARMINEGH GHARAKHANI MM 05/19/2008