

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000004482

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** REJUVENATION MEDISPA AT WATERFORD LAKES, LLC

**Current Principal Place of Business:**

422 S ALAFAYA TRAIL  
SUITE 24  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

422 S ALAFAYA TRAIL  
SUITE 24  
ORLANDO, FL 32828

**New Mailing Address:**

**FEI Number:** 07-0711531

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HAUGHTON-GREEN, ALLISON L M.D.  
422 SOUTH ALAFAYA TRAIL  
SUITE 24  
ORLANDO, FL 32828 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: HAUGHTON, ALLISON L  
Address: 422 S ALAFAYA TRAIL, SUITE 24  
City-St-Zip: ORLANDO, FL 32828

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: ALLISON HAUGHTON

MGRM

03/20/2012

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