

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000024968

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** FLAGLER LASER AESTHETICS, LLC

**Current Principal Place of Business:**

5 SANCHEZ AVE.  
ST. AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1568  
ST. AUGUSTINE, FL 32085 US

**New Mailing Address:**

**FEI Number:** 80-0158162

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PULSFUS, ERIC MD  
204 VISTA POINTE CT.  
ST. AUGUSTINE, FL 32080 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: MGR  
Name: GREEN, JAIMIE RN, CME  
Address: 24 N. ST. AUGUSTINE BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

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: JAIMIE GREEN

MGR

02/10/2011

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