

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000046942

**FILED**  
**Apr 14, 2009**  
**Secretary of State**

**Entity Name:** SKIN LASER & SURGERY SPECIALISTS/LPBOCA, LLC

**Current Principal Place of Business:**

20 PROSPECT AVENUE  
SUITE 702  
HACKENSACK, NJ 07601

**New Principal Place of Business:**

**Current Mailing Address:**

20 PROSPECT AVENUE  
SUITE 702  
HACKENSACK, NJ 07601

**New Mailing Address:**

**FEI Number:** 26-4279640

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REISMAN, JOSEPH B  
1 SE 3 AVENUE  
SUITE 3050  
MIAMI, FL 33131 US

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

GOLDBERG, DAVID J  
20 PROSPECT AVE  
SUITE # 702  
HACKENSACK, FL 07601 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:** DAVID J GOLDBERG

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** GOLDBERG, DAVID J  
**Address:** 20 PROSPECT AVENUE, SUITE 702  
**City-St-Zip:** HACKENSACK, NJ 07601

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** DAVID J GOLDBERG

DR.

04/14/2009

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