

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000065634

Entity Name: JMC AESTHETICS, LLC

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

2919 BISCAYNE BLVD.
MIAMI SHORES, FL 33137

New Principal Place of Business:

2001 BISCAYNE BLVD
SUITE 115
MIAMI, FL 33137

Current Mailing Address:

P.O. BOX 531302
MIAMI SHORES, FL 33153

New Mailing Address:

2001 BISCAYNE BLVD
SUITE 115
MIAMI, FL 33137

FEI Number: 26-2928795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATALIE M. ADAMS, P.A.
1640 W. OAKLAND PARK BLVD., #303
FORT LAUDERDALE, FL 33311 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 () Delete
Name: DUNBAR, WILLIAM PA
Address: P.O. BOX 531302
City-St-Zip: MIAMI SHORES, FL 331531302

Title: MGRM () Delete
Name: CHILDRESS, JOHN M MD, PA
Address: 2919 BISCAYNE BLVD.
City-St-Zip: MIAMI SHORES, FL 33137

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DUNBAR, WILLIAM J PA
Address: P.O. BOX 531302
City-St-Zip: MIAMI SHORES, FL 331531302

Title: MGRM (X) Change () Addition
Name: CHILDRESS, JOHN M MD, PA
Address: 2001 BISCAYNE BLVD SUITE 115
City-St-Zip: MIAMI, FL 33137

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: JOHN CHILDRESS

MGR

01/07/2009

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