

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000067067

FILED
Mar 16, 2009
Secretary of State

Entity Name: ADVANCED LASER AESTHETIC CENTER, LLC

Current Principal Place of Business:

1920 SW 20TH PLACE
SUITE 201
OCALA, FL 34471

New Principal Place of Business:

1920 SW 20TH PLACE STE 201
SUITE 201
OCALA, FL 34471

Current Mailing Address:

1920 SW 20TH PLACE
SUITE 201
OCALA, FL 34471

New Mailing Address:

1920 SW 20TH PLACE STE 201
SUITE 201
OCALA, FL 34471

FEI Number: 26-2984797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIECHE, STEVE MD
530 SE 15TH TERRACE
OCALA, FL 34471 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: TIECHE, STEVE
Address: 1920 SW 20TH PLACE
City-St-Zip: OCALA, FL 34471

Title: MGRM () Delete
Name: HEAD, VANESSA
Address: 1920 SW 20TH PLACE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TIECHE, STEVE
Address: 1920 SW 20TH PLACE STE 201
City-St-Zip: OCALA, FL 34471

Title: MGRM (X) Change () Addition
Name: HEAD, VANESSA
Address: 1920 SW 20TH PLACE STE 201
City-St-Zip: OCALA, FL 34471

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: VANESSA L HEAD

MMBR

03/16/2009

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