

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070357

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: SKIN SOLUTIONS MD, LLC

## Current Principal Place of Business:

232 PONTE VEDRA PARK DR.  
PONTE VEDRA BEACH, FL 32082

## New Principal Place of Business:

11512 LAKE MEAD AVENUE  
SUITE 605  
JACKSONVILLE, FL 32256 US

## Current Mailing Address:

232 PONTE VEDRA PARK DR.  
PONTE VEDRA BEACH, FL 32082

## New Mailing Address:

11512 LAKE MEAD AVENUE  
SUITE 605  
JACKSONVILLE, FL 32256 US

FEI Number: 26-3238726

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ERIKSEN, ANDREW B  
232 PONTE VEDRA PARK DR.  
PONTE VEDRA BEACH, FL 32082 US

## Name and Address of New Registered Agent:

PETE ORLANDO, CPA, PA  
4745 SUTTON PARK COURT  
SUITE 101  
JACKSONVILLE, FL 32224 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: PETE ORLANDO

04/29/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete  
Name: HARVEY, DAVID T MD  
Address: 909 GRIST MILL COURT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM ( ) Delete  
Name: GARCIA, RACHEL  
Address: 232 PONTE VEDRA PARK DR.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

## ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition  
Name: GARCIA, RACHEL  
Address: 13816 DEER CHASE PLACE  
City-St-Zip: JACKSONVILLE, FL 32224 US

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: RACHEL GARCIA

MGRM

04/29/2009

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