

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000085017

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: AESTHETICS CENTER AT BOCA WOMAN CARE LLC

## Current Principal Place of Business:

1601 CLINT MOORE RD  
STE 210  
BOCA RATON, FL 33487

## New Principal Place of Business:

1601 CLINT MOORE RD  
STE 178  
BOCA RATON, FL 33487

## Current Mailing Address:

1601 CLINT MOORE RD  
STE 210  
BOCA RATON, FL 33487

## New Mailing Address:

1601 CLINT MOORE RD  
STE 178  
BOCA RATON, FL 33487

FEI Number: 26-3244252

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHLOSSER, MARC  
1601 CLINT MOORE RD  
STE 210  
BOCA RATON, FL 33487 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: SCHLOSSER, MARC M.D.  
Address: 1601 CLINT MOORE RD - STE 210  
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM (X) Delete  
Name: NATAN NACHLAS REVOCABLE TRUST  
Address: 1601 CLINT MOORE RD - STE 210  
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM ( ) Delete  
Name: KONSKER, KENNETH M.D.  
Address: 1601 CLINT MOORE RD - STE 210  
City-St-Zip: BOCA RATON, FL 33487

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SCHLOSSER, MARC M.D.  
Address: 1601 CLINT MOORE RD - STE 178  
City-St-Zip: BOCA RATON, FL 33487

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

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: MARC SCHLOSSER

MGRM

04/29/2009

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