

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089161

**FILED**  
**Apr 26, 2009**  
**Secretary of State**

**Entity Name:** SKIN SCIENCE AND WELLNESS CLINIC, LLC

**Current Principal Place of Business:**

11309 COUNTRYWAY BLVD.  
TAMPA, FL 33626 US

**New Principal Place of Business:**

**Current Mailing Address:**

11309 COUNTRYWAY BLVD.  
TAMPA, FL 33626 US

**New Mailing Address:**

11840 DERBYSHIRE DRIVE  
TAMPA, FL 33626 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 US

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

ELECTROLYSIS AND LASER INSTITUTE  
11309 COUNTRYWAY BLVD  
TAMPA, FL 33626 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: NADINA FIVELAND

04/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FIVELAND, NADINA  
Address: 11309 COUNTRYWAY BLVD.  
City-St-Zip: TAMPA, FL 33626 US

**ADDITIONS/CHANGES:**

Title: PST (X) Change ( ) Addition  
Name: FIVELAND, NADINA V PST  
Address: 11309 COUNTRYWAY BLVD.  
City-St-Zip: TAMPA, FL 33626

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: NADINA FIVELAND

PST

04/26/2009

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