

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000105146

FILED
Mar 21, 2009
Secretary of State

Entity Name: VISAGE SKIN THERAPY, PL

Current Principal Place of Business:

2118 S.W. 20TH PLACE
SUITE 201
OCALA, FL 34471 US

New Principal Place of Business:

2118 S.W. 20TH PLACE
SUITE 202
OCALA, FL 34471 US

Current Mailing Address:

2118 S.W. 20TH PLACE
SUITE 201
OCALA, FL 34471 US

New Mailing Address:

2118 S.W. 20TH PLACE
SUITE 202
OCALA, FL 34471 US

FEI Number: 26-3705009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORMOND, SUZANNE K
10977 S.W. 81ST AVE.
OCALA, FL 34481 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: ORMOND, SUZANNE K
Address: 2118 S.W. 20TH PLACE SUITE 201
City-St-Zip: Ocala, FL 34471 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ORMOND, SUZANNE K
Address: 2118 S.W. 20TH PLACE SUITE 202
City-St-Zip: Ocala, FL 34471 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: SUZANNE K ORMOND

MGRM

03/21/2009

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