

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000110566

FILED
May 01, 2011
Secretary of State

Entity Name: ASHWORTH MEDICAL SOLUTIONS, P.L.

Current Principal Place of Business:

411 LAKEBRIDGE PLAZA DRIVE
SUITE 101
ORMOND BEACH, FL 32174

New Principal Place of Business:

73 WEST GRANADA BOULEVARD
ORMOND BEACH, FL 32174

Current Mailing Address:

411 LAKEBRIDGE PLAZA DRIVE
SUITE 101
ORMOND BEACH, FL 32174

New Mailing Address:

73 WEST GRANADA BOULEVARD
ORMOND BEACH, FL 32174

FEI Number: 27-1313434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASHWORTH, LANCE
411 LAKEBRIDGE PLAZA DRIVE
SUITE 101
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

ASHWORTH, LANCE
73 WEST GRANADA BOULEVARD
ORMOND BEACH, FL 32174 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: LANCE ASHWORTH

05/01/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ASHWORTH MEDICAL AESTHETICS, P.A.
Address: 73 WEST GRANADA BOULEVARD
City-St-Zip: ORMOND BEACH, FL 32714

Title: MGRM
Name: THE ASHWORTH WEIGH, P.A.
Address: 73 WEST GRANADA BOULEVARD
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM
Name: ASHWORTH ADVANCED LIPOSCULPTING, P.A.
Address: 73 WEST GRANADA BOULEVARD
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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: LANCE ASHWORTH

MGRM

05/01/2011

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