

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000078131

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** CLINICAL LASER AESTHETICS, LLC

**Current Principal Place of Business:**

21097 NE 27TH COURT, SUITE 500  
AVENTURA, FL 33180

**New Principal Place of Business:**

12333 NW 18 ST #2  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

140 SOUTH DIXIE HIGHWAY, #802  
HOLLYWOOD, FL 33020

**New Mailing Address:**

12333 NW 18 ST #2  
PEMBROKE PINES, FL 33026

**FEI Number:** 27-3124682

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VEGA, BIANCA  
140 SOUTH DIXIE HIGHWAY, #802  
HOLLYWOOD, FL 33020 US

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

VEGA, BIANCA  
11020 NW 17 CT  
PEMBROKE PINES, FL 33026 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:

04/18/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VEGA, BIANCA  
Address: 11020 NW 17 CT  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGRM  
Name: VEGA, NANCY  
Address: 11020 NW 17 CT  
City-St-Zip: PEMBROKE PINES, FL 33026

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: NANCY VEGA

MGRM

04/18/2012

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