

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000106926

Entity Name: FLORIDA FACIAL CLINIC, LLC

FILED
Apr 20, 2011
Secretary of State

Current Principal Place of Business:

5427 LAWRENCE LANE
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5427 LAWRENCE LANE
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 27-3653119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, JULIE L
5427 LAWRENCE LANE
NEW PORT RICHEY, FL 34652 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
Name: WALKER, JULIE L
Address: 5427 LAWRENCE LANE
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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: JULIE L WALKER

MGRM

04/20/2011

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