

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000106926

Entity Name: FLORIDA FACIAL CLINIC, LLC

FILED
May 01, 2012
Secretary of State

Current Principal Place of Business:

5427 LAWRENCE LANE
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

5008 POMPANO DR
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

5427 LAWRENCE LANE
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

5008 POMPANO DR
NEW PORT RICHEY, FL 34652 US

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:

WALKER, JULIE L
5008 POMPANO DR
NEW PORT RICHEY, FL 34652 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: JULIE L WALKER

05/01/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: WALKER, JULIE L
Address: 5008 POMPANO DR
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

05/01/2012

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