2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2012
Secretary of State

DOCUMENT# L11000004474

Entity Name: NU IMAGE MEDICAL SPA, LLC

Current Principal Place of Business:

15600 NORTHWEST 67 AVE.
SUITE 105
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

15600 NORTHWEST 67 AVE.
SUITE 105
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 27-4521931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOJO, STEPHANIE M
15600 NORTHWEST 67 AVE.
SUITE 105
MIAMI LAKES, FL 33014 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: FOJO, STEPHANIE M
Address: 15600 NORTHWEST 67 AVE.
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGRM
Name: FOJO, ROBERTO
Address: 15600 NW 67TH AVENUE
City-St-Zip: MIAMI LAKES, FL 33014

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 Statues.

SIGNATURE: ROBERTO FOJO MGRM 04/15/2012

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