

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000011517

**FILED**  
**Jun 11, 2012**  
**Secretary of State**

**Entity Name:** DR UGARTE AESTHETIC CENTER LLC

**Current Principal Place of Business:**

1950 LAUREL MANOR DRIVE  
BUILDING #240  
THE VILLAGES, FL 32159

**New Principal Place of Business:**

1950 LAUREL MANOR DRIVE  
BUILDING #240  
THE VILLAGES, FL 32162

**Current Mailing Address:**

1950 LAUREL MANOR DRIVE  
BUILDING #240  
THE VILLAGES, FL 32159

**New Mailing Address:**

1950 LAUREL MANOR DRIVE  
BUILDING #240  
THE VILLAGES, FL 32162

FEI Number: 41-2217770

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

UGARTE, JULIO M.D.  
1950 LAUREL MANOR DRIVE  
BUILDING #240  
THE VILLAGES, FL 32159 US

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

UGARTE, JULIO M.D.  
1950 LAUREL MANOR DRIVE  
BUILDING #240  
THE VILLAGES, FL 32162 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: JULIO UGARTE M.D.

06/11/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: UGARTE, JULIO M.D.  
Address: 1950 LAUREL MANOR DRIVE, BUILDING 240  
City-St-Zip: THE VILLAGES, FL 32162

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: JULIO UGARTE, M.D.

MGR

06/11/2012

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