

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000118601

**Entity Name:** J. DORAN MED-SPAS, LLC

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

296 ORGANZA PL  
CHULUOTA, FL 32766

**New Principal Place of Business:**

1100 EXECUTIVE DR  
SUITE 6  
OVIEDO, FL 32765

**Current Mailing Address:**

296 ORGANZA PL  
CHULUOTA, FL 32766

**New Mailing Address:**

**FEI Number:** 45-3694470      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

VINTI, JENNIFER D  
296 ORGANZA PL  
CHULUOTA, FL 32766      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:** VINTI, JENNIFER D  
**Address:** 296 ORGANZA PL  
**City-St-Zip:** CHULUOTA, FL 32766

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: JENNIFER VINTI

MGRM

04/25/2012

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