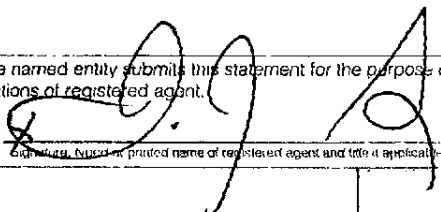


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000003188					
1. Entity Name SKIN LASER AND SURGERY SPECIALISTS OF NEW YORK AND NEW JERSEY, LLC					
Principal Place of Business 20 PROSPECT AVENUE STE 702 HACKENSACK NJ 07601			Mailing Address 20 PROSPECT AVENUE STE 702 HACKENSACK NJ 07601		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		1st MOORE CR2E083 (10/05)	
4. FEI Number 22-3646458				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDBERG, DAVID J MD 4800 NORTH FEDERAL HIGHWAY STE C-101 BOCA RATON FL 33431				7. Name and Address of New Registered Agent Name: <u>same</u> Street Address (P.O. Box Number is Not Acceptable): <u>same</u> City: <u>same</u> FL Zip Code: <u>33431</u>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: 				DATE:	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOLDBERG, DAVID J MD 20 PROSPECT AVENUE STE 702 HACKENSACK NJ 07601	☐ Delete		☐ Change ☐ Addition	
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1st MOORE CR2E083 (10/05)

4. FEI Number
22-3646458

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

GOLDBERG, DAVID J MD
4800 NORTH FEDERAL HIGHWAY STE C-101
BOCA RATON FL 33431

Name: same
Street Address (P.O. Box Number is Not Acceptable): same

City: same **FL** Zip Code: 33431

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, must be printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
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GOLDBERG, DAVID J MD
20 PROSPECT AVENUE STE 702
HACKENSACK NJ 07601

☐ Delete

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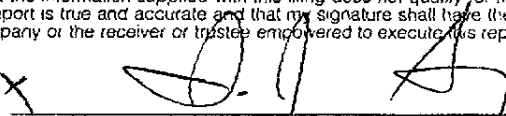
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF TOWN, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE