

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000003989**

1. Entity Name

GENESIS HEART MEDSPA LLC



Principal Place of Business

1501 US HWY 441 NORTH, SUITE 1702  
THE VILLAGES, FL 32159

Mailing Address

1501 US HWY 441 NORTH, SUITE 1702  
THE VILLAGES, FL 32159



01052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

81-0673853

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARSENIJEVITH, DAN  
1501 US HWY 441 NORTH, SUITE 1702  
THE VILLAGES, FL 32159

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME KRAUCAK, NELSON  
STREET ADDRESS 1501 US HWY 441 NORTH, SUITE 1702  
CITY-ST-ZIP THE VILLAGES, FL 32159

TITLE MGR  
NAME VILLA, MARIVIC  
STREET ADDRESS 1501 US HWY 441 NORTH, SUITE 1702  
CITY-ST-ZIP THE VILLAGES, FL 32159

TITLE  
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CITY-ST-ZIP

100000390126  
01/23/06-80015-003 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/15/06

352 700-4330