

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000003989

Entity Name: GENESIS HEART MEDSPA LLC

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

FEI Number: 81-0673853

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

03/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KRAUCAK, NELSON  
Address: 1501 US HWY 441 NORTH, SUITE 1702  
City-St-Zip: THE VILLAGES, FL 32159

Title: MGR  
Name: VILLA, MARIVIC  
Address: 1501 US HWY 441 NORTH, SUITE 1702  
City-St-Zip: THE VILLAGES, FL 32159

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: DAN ARSENIJEVITH

RA

03/29/2010

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