

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # M05000004299

**1. Entity Name
RADIANCE MEDSPA OF JACKSONVILLE, PLLC**



**Principal Place of Business
2120 LAKE SHORE BLVD.
JACKSONVILLE, FL 32210**

**Mailing Address
2120 LAKE SHORE BLVD.
JACKSONVILLE, FL 32210**



01182006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
20-3033588**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FRAZIER, W. ROBINSON
1515 RIVERSIDE AVENUE, SUITE A
JACKSONVILLE, FL 32204**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WLODYKA, LANA E M.D.
2120 LAKE SHORE BLVD.
JACKSONVILLE, FL 32210**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WLODYKA, PAUL E
2120 LAKE SHORE BLVD.
JACKSONVILLE, FL 32210**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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05/06/06-80033-016 50.00

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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:

Paul E. WloDYKA

4-18-06

904-389-9350

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

Date

Daytime Phone #

PAUL E. WLODYKA