

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000118736

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Entity Name:** ALYNE MEDICAL REJUVENATION INSTITUTE, INC

**Current Principal Place of Business:**

2665 EXECUTIVE PARK DRIVE  
UNIT 1  
WESTON, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

16111 EMERALD ESTATES DR,  
WESTON, FL 33331

**New Mailing Address:**

**FEI Number:** 20-1479036

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANT ANTONIO, ALBERTO  
16111 EMERALD ESTATES DRIVE  
WESTON, FL 33331 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ULEVICH, LYNNE  
Address: 16111 EMERALD ESTATES DR,  
City-St-Zip: WESTON, FL 33331

Title: ST  
Name: SANT ANTONIO, ALBERTO  
Address: 16111 EMERALD ESTATES DR,  
City-St-Zip: WESTON, FL 33331

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LYNNE ULEVICH

PRES

03/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date