# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 05, 2008**
**Secretary of State**

DOCUMENT# P07000118482

**Entity Name:** SOUTH FLORIDA INSTITUTE FOR LASER VAGINAL REJUVENATION, INC.

**Current Principal Place of Business:**

7600 SOUTH RED ROAD
SUITE 201
SOUTH MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

7600 SOUTH RED ROAD
SUITE 201
SOUTH MIAMI, FL 33143

**New Mailing Address:**

**FEI Number: 75-3259159** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ANTUN, RAFAEL M.D.
7600 SOUTH RED ROAD
SUITE 201
SOUTH MIAMI, FL 33143 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: ANTUN, RAFAEL M.D.
Address: 7600 SOUTH RED ROAD SUITE 201
City-St-Zip: MIAMI, FL 33143

Title: ST ( ) Delete
Name: ANTUN, MAYDA C
Address: 7600 SOUTH RED ROAD SUITE 201
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: ANTUN, RAFAEL M.D.
Address: 9355 SW 93 PLACE
City-St-Zip: MIAMI, FL 33176

Title: ST (X) Change ( ) Addition
Name: ANTUN, MAYDA C M.D.
Address: 9355 SW 93 PLACE
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MAYDA C. ANTUN, M.D. ST 01/05/2008

Electronic Signature of Signing Officer or Director — Date