

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000051579

FILED
Feb 21, 2009
Secretary of State

Entity Name: AGELESS AESTHETIC CENTER, P.A.

Current Principal Place of Business:

2665 EXECUTIVE PKWY.
WESTON, FL 33326 US

New Principal Place of Business:

2665 EXECUTIVE PARK DRIVE
SUITE 1
WESTON, FL 33331 US

Current Mailing Address:

2665 EXECUTIVE PKWY.
WESTON, FL 33326 US

New Mailing Address:

2665 EXECUTIVE PARK DRIVE
SUITE 1
WESTON, FL 33331 US

FEI Number: 26-2699856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLALOCK, WALTERS, HELD & JOHNSON, P.A.
802 11TH STREET WEST
BRADENTON, FL 342057734 US

Name and Address of New Registered Agent:

ULEVICH, LYNNE
2665 EXECUTIVE PARK DRIVE
SUITE 1
WESTON, FL 33331 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: LYNNE ULEVICH

02/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MCQUILLAN, SHARON P M.D.
Address: 2665 EXECUTIVE PKWY.
City-St-Zip: WESTON, FL 33326 US

Title: VSD () Delete
Name: ULEVICH, LYNNE
Address: 2665 EXECUTIVE PKWY.
City-St-Zip: WESTON, FL 33326 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: MCQUILLAN, SHARON P M.D.
Address: 2665 EXECUTIVE PARK DRIVE, SUITE 1
City-St-Zip: WESTON, FL 33331 US

Title: VSD (X) Change () Addition
Name: ULEVICH, LYNNE
Address: 2665 EXECUTIVE PARK DRIVE, SUITE 1
City-St-Zip: WESTON, FL 33331 US

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: LYNNE ULEVICH

VSD

02/21/2009

Electronic Signature of Signing Officer or Director

Date