

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000045054

Entity Name: INSTITUTE FOR INTEGRATED AESTHETICS, LLC

Current Principal Place of Business:

1 SOUTH SCHOOL AVE
STE 800
SARASOTA, FL 34237

Current Mailing Address:

1 SOUTH SCHOOL AVE
STE 800
SARASOTA, FL 34237

FEI Number: 27-0274257

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOORE, JOHN L
200 SOUTH ORANGE AVE
SARASOTA, FL 34236 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HOLCOMB, J DAVID
Address 3349 FOUNDERS CLUB DRIVE
City-State-Zip: SARASOTA FL 34240

Title AUTHORIZED REPRESENTATIVE
Name HAMES, KRISTINE
Address 1 S. SCHOOL AVE
SUITE 800
City-State-Zip: SARASOTA FL 34237

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTINE HAMES

OFFICE MANAGER

01/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date