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.

ARNP

SIGNATURE: CAROL ANN JOHNSEN

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business:

103 PENNOCK LANDING CIR. JUPITER, FL 33458

Current Mailing Address:

103 PENNOCK LANDING CIR. JUPITER, FL 33458

FEI Number: 46-3510354

Name and Address of Current Registered Agent:

JOHNSEN, CAROL ANN 103 PENNOCK LANDING CIR. JUPITER, FL 33458 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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	JOHNSEN, CAROL ANN	Name	ECKERS, MARY K
Address	103 PENNOCK LANDING CIR.	Address	103 PENNOCK LANDING CIR.
City-State-Zip:	JUPITER FL 33458	City-State-Zip:	JUPITER FL 33458

DOCUMENT# L13000117281

Entity Name: CAROL ANN AESTHETICS & INTEGRATIVE MEDICINE, LLC

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 31, 2014 Secretary of State CC8639414404

FILED

Certificate of Status Desired: No

01/31/2014

Date

Date