

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000046205

**Entity Name:** AESTHETIC MEDICINE INSTITUTE OF MIAMI, LLC

**Current Principal Place of Business:**

1818 SW 1ST AVE #1512  
MIAMI, FL 33129

**Current Mailing Address:**

1818 SW 1ST AVE #1512  
MIAMI, FL 33129

**FEI Number:** 47-1691356

**Certificate of Status Desired:** No

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

HOULIHAN, GERALD J  
504 ARAGON AVE  
MIAMI, FL 33134 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 SOTTILE, ANNA DR.  
Address 1818 SW 1ST AVENUE  
UNIT 1512  
City-State-Zip: MIAMI FL 33129

*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:** ANNA SOTTILE

MGR

01/10/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date