

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000069

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** LIFE EXTENSION PHARMACY, INC.

**Current Principal Place of Business:**

1100 W COMMERCIAL BLVD, SUITE #130  
LAUDERDALE, FL 33309

**New Principal Place of Business:**

1100 W COMMERCIAL BLVD, SUITE #130  
FT. LAUDERDALE, FL 33309

**Current Mailing Address:**

1100 W COMMERCIAL BLVD, SUITE #130  
LAUDERDALE, FL 33309

**New Mailing Address:**

1100 W COMMERCIAL BLVD  
FT. LAUDERDALE, FL 33309

**FEI Number:** 20-4006694

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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: D  
Name: FALON, WILLIAM  
Address: 1100 W COMMERCIAL BLVD, SUITE #130  
City-St-Zip: LAUDERDALE, FL 33309

Title: PST  
Name: MURRAY, JAMES D  
Address: 1100 W COMMERCIAL BLVD, SUITE #130  
City-St-Zip: LAUDERDALE, FL 33309

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 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 all other like empowered.

SIGNATURE: JAMES D. MURRAY

P

01/07/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date