

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000112862

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** HUMAN PERFORMANCE LONGEVITY CENTER, LLC

**Current Principal Place of Business:**

6819 PORTO FINO CIRCLE  
UNIT B  
FT. MYERS, FL 33912

**New Principal Place of Business:**

13450 PARKER COMMONS BLVD. #105  
UNIT B  
FT. MYERS, FL 33912

**Current Mailing Address:**

8574 SOUTH LAKE CIRCLE  
FT. MYERS, FL 33908

**New Mailing Address:**

13450 PARKER COMMONS BLVD. #105  
FT. MYERS, FL 33912

**FEI Number:** 20-5934107

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ST. CLAIR, RON  
709 CAPE CORAL PKWY W  
CAPE CORAL, FL 33914 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: JOSEPH, ALEXANDER  
Address: 8574 SOUTH LAKE CIRCLE  
City-St-Zip: FT. MYERS, FL 33908

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ALEXANDER JOSEPH

PD

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date