

M24000009785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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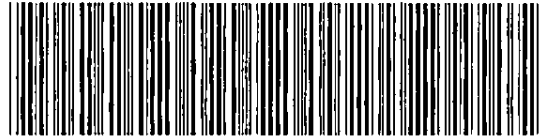
(Business Entity Name)

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K. Brumbley



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P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088  
For any issues please contact  
Cheyanne Davis  
(850) 202-1882

Date: 07/30/2024

Name: Cheyenne Davis

Reference #: 2447620

Entity Name: ANDERSON LONGEVITY CLINIC DAVIE LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other PLEASE INCLUDE CERTIFIED COPIES UPON FILING

Authorized Amount: \$155.00

Signature: 

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Anderson Longevity Clinic Davie LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Encida Bennett, Paralegal  
Name of Person  
Hinckley, Allen & Snyder LLP  
Firm/Company  
100 Westminster Street, Suite 1500  
Address  
Providence, RI 02903  
City/State and Zip Code  
ebennett@hinckleyallen.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Encida Bennett, Paralegal at (401) 457-5188  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy     \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Anderson Longevity Clinic Davie LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. July 25, 2024  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>13500 Sutton Park Drive S</u> <small>(Street Address of Principal Office)</small>	6. <u>13500 Sutton Park Drive S</u> <small>(Mailing Address)</small>
<u>Suit 504</u>	<u>Suite 504</u>
<u>Jacksonville, FL 32224</u>	<u>Jacksonville, FL 32224</u>

7. Name and ~~street address~~ of Florida registered agent: (P.O. Box NOT acceptable)

Name: Brian D. Anderson

Office Address: 13500 Sutton Park Drive S, Suite 504  
Jacksonville, Florida 32224  
(City) (Zip code)

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REGISTRATION SERVICES

**Registered agent's acceptance:**  
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

Title or Capacity: Name and Address:  
 Manager Name: Brian D. Anderson, D.O.  
 Member Address: 13500 Sutton Park Drive S  
 Authorized Suite 504  
 Person Jacksonville, FL 32224  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Title or Capacity: Name and Address:  
 Manager Name: Brian D. Anderson, P.A.  
 Member Address: 13500 Sutton Park Drive S  
 Authorized Suite 504  
 Person Jacksonville, FL 32224  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Christopher P. Zabbo DO LLC  
 Member Address: 23 Tristan Court  
 Authorized Smithfield, RI 02917  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Dr. Jennifer Fichera Macaluso  
 Member Address: 11261 NW 27th St.  
 Authorized Plantation, FL 33323  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Joy Groszczyk, P.A.  
 Member Address: 11421 NW 22nd St.  
 Authorized Plantation, FL 33323  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
 \_\_\_\_\_  
 Signature of an authorized person

Brian D. Anderson

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ANDERSON LONGEVITY CLINIC DAVIE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANDERSON LONGEVITY CLINIC DAVIE LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



4433691 8300

SR# 20243270932

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204042558

Date: 07-30-24