

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000053875

**FILED**  
**Mar 04, 2010**  
**Secretary of State**

**Entity Name:** LIFE EXTENSION INSTITUTE OF PALM BEACH, INC.

**Current Principal Place of Business:**

1411 N. FLAGLER DRIVE #6700  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

1411 N. FLAGLER DRIVE #6700  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 65-1011666

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TUCKER, DANIEL N M.D.  
1411 N. FLAGLER DRIVE #6700  
WEST PALM BEACH, FL 33401 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: P  
Name: TUCKER, DANIEL N M.D.  
Address: 1411 N. FLAGLER DRIVE #6700  
City-St-Zip: WEST PALM BEACH, FL 33401

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: DANIEL N TUCKER

PRE

03/04/2010

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

\_\_\_\_\_ Date