

PO10000

15040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

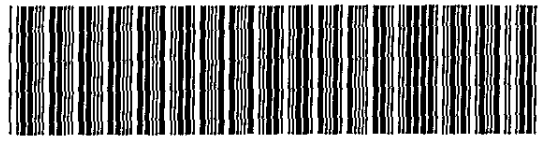
(Document Number)

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03 DEC 23 PM 1:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

TRANSI AL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Anti-Aging Clinics of Florida, Inc.

(Name of Corporation)

DOCUMENT NUMBER: PO1000015040

The enclosed Statement of Change of Registered Office and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Wendy Lazar

(Name of person)

Anti-Aging Clinics of Florida, Inc.

(Name of company)

24 S.E. 6th Street,

Boca Raton, FL 33432

(City/state/zip code)

For further information concerning this matter, please contact

Wendy Lazar

(Name of person)

at (561) 391-1884

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0105, 617.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both.

Pursuant to the provisions of sections 607.0502, 617.0105, 617.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both.

1. The name of the corporation: Anti-Aging Clinics of Florida, Inc.

1. The name of the corporation: Anti-Aging Clinics of Florida, Inc.

2. The principal office address: 24 S.E. 6th Street, Boca Raton, FL 33432

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3. The mailing address (if different):

3. The mailing address (if different):

4. Date of incorporation/qualification: 2/08/01

4. Document number: PO1000015040

5. The name and street address of the current registered office on file with the Florida Department of State:

5. The name and street address of the current registered office on file with the Florida Department of State:

Wendy A. Lazar
875 Meadows Road, Ste. 312
Boca Raton, FL 33486

6. The name and street address of the new registered agent (if changed):

6. The name and street address of the new registered agent (if changed):

Wendy A. LAZAR
24 S.E. 6th Street
Boca Raton, FL 33432
(P.O. Box or personal address, if applicable)

The street address of its registered office and the street address of its business office of its registered agent, as changed will be identical.

The street address of its registered office and the street address of its business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by the board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Such change was authorized by resolution duly adopted by the board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Wendy A. Lazar
(Signature of an officer or director)

Wendy A. Lazar
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes, rules and regulations governing the duties of a registered agent, and I am familiar with and accept the obligations of a registered agent, being filed merely to reflect a change in the registered agent, and I am notified in writing of this change.

I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes, rules and regulations governing the duties of a registered agent, and I am familiar with and accept the obligations of a registered agent, being filed merely to reflect a change in the registered agent, and I am notified in writing of this change.

Wendy A. Lazar
(Signature of Registered Agent)

12/17/03
(Date)

If signing on behalf of an entity:

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE ***

5.00 ***

MAKE CHECKS PAYABLE TO THE ORDER OF
MAIL TO: DIVISION OF CORPORATIONS,

DEPARTMENT OF STATE
P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
03 DEC 23 PM 1:55
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA