

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000049236

FILED
Mar 09, 2010
Secretary of State

Entity Name: AGELESS MEDICAL INSTITUTE CORP.

Current Principal Place of Business:

604 CRANDON BLVD STE 205
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

604 CRANDON BLVD STE 205
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 26-2939219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUNEZ, RAUL L
12345 SW 117TH COURT
MIAMI, FL 33186 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: DP
Name: NUNEZ, LORETTA
Address: 604 CRANDON BLVD STE 205
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DVT
Name: NUNEZ, RAUL L
Address: 604 CRANDON BLVD STE 205
City-St-Zip: KEY BISCAYNE, FL 33149

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: LORETTA NUNEZ

DP

03/09/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date