

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000059078

Entity Name: AGELESS INSTITUTE, PA

FILED  
Apr 30, 2012  
Secretary of State

## Current Principal Place of Business:

16107 EMERALD ESTATE DRIVE  
WESTON, FL 33331

## New Principal Place of Business:

19495 BISCAYNE BLVD  
STE 200  
AVENTURA, FL 33180

## Current Mailing Address:

16107 EMERALD ESTATE DRIVE  
WESTON, FL 33331

## New Mailing Address:

19495 BISCAYNE BLVD  
STE 200  
AVENTURA, FL 33180

FEI Number: 27-3096746

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MCQUILLAN, SHARON P MD  
16107 EMERALD ESTATE DRIVE  
WESTON, FL 33331 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

## OFFICERS AND DIRECTORS:

Title: CEO  
Name: MCQUILLAN, SHARON P MD  
Address: 16107 EMERALD ESTATE DRIVE  
City-St-Zip: WESTON, FL 33331

Title: D  
Name: MCQUILLAN, SHARON P MD  
Address: 16107 EMERALD ESTATE DRIVE  
City-St-Zip: WESTON, FL 33331

Title: OWN  
Name: MCQUILLAN, SHARON P MD  
Address: 16107 EMERALD ESTATE DRIVE  
City-St-Zip: WESTON, FL 33331

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: SHARON MCQUILLAN

MD

04/30/2012

Electronic Signature of Signing Officer or Director

Date