

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000010216

FILED
Apr 30, 2011
Secretary of State

Entity Name: LONGEVITY CENTER OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1604 TOWNCENTER BLVD.
SUITE A
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1604 TOWNCENTER BLVD.
SUITE A
WESTON, FL 33326

New Mailing Address:

FEI Number: 65-0900774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ABELOVE, WILLIAM A M.D.
1604 TOWNCENTER BLVD.
SUITE A
WESTON, FL 33326 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: DR.
Name: ABELOVE, WILLIAM A M.D.
Address: 1604 TOWNCENTER BLVD. SUITE A
City-St-Zip: WESTON, FL 33326

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: WILLIAM A. ABELOVE

DR

04/30/2011

Electronic Signature of Signing Officer or Director

Date