

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000112660

**Entity Name:** AGE-LESS MEDICINE, LLC

**FILED**  
**Jan 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4830 W. KENNEDY BOULEVARD  
SUITE 110  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

1108 ABBEYS WAY  
TAMPA, FL 33602

**New Mailing Address:**

4830 W. KENNEDY BOULEVARD  
SUITE 110  
TAMPA, FL 33609

**FEI Number:** 20-3825556

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCLINTOCK, LINDA F M.D.  
1108 ABBEYS WAY  
TAMPA, FL 33602 US

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

MCCLINTOCK, LINDA F M.D.  
4830 W. KENNEDY BLVD.  
SUITE 110  
TAMPA, FL 33609 US

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:

01/22/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MCCLINTOCK, LINDA F M.D.  
Address: 4830 W. KENNEDY BLVD., SUITE 110  
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LINDA F. MCCLINTOCK

MGR

01/22/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date