

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000095480

**Entity Name:** AGELESS MEDICAL, LLC

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6400 W. NEWBERRY ROAD  
SUITE 109  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

8108 SW 10TH PLACE  
GAINESVILLE, FL 32607

**New Mailing Address:**

**FEI Number:** 20-3628363

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AKEY, TIMOTHY P  
8108 SW 10TH PLACE  
GAINESVILLE, FL 32607 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: AKEY, TIMOTHY P  
Address: 8108 SW 10TH PLACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM  
Name: AKEY, ANGELI M  
Address: 8108 SW 10TH PLACE  
City-St-Zip: GAINESVILLE, FL 32607

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: ANGELI AKEY

PRES

01/19/2010

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