

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 738382

**Entity Name:** LIFE EXTENSION FOUNDATION, INC.

**Current Principal Place of Business:**

3600 W COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

3600 W COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33309

**FEI Number: 59-1746396**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name FALOON, WILLIAM  
Address 3600 W COMMERCIAL BLVD  
City-State-Zip: FORT LAUDERDALE FL 33309

Title D  
Name KENT, SAUL  
Address 3600 W COMMERCIAL BLVD  
City-State-Zip: FORT LAUDERDALE FL 33309

Title DST  
Name BROWN, KEVIN  
Address 3600 W COMMERCIAL BLVD  
City-State-Zip: FORT LAUDERDALE FL 33309

Title DP  
Name EYCHISON, TINA  
Address 3600 W COMMERCIAL BLVD  
City-State-Zip: FORT LAUDERDALE FL 33309

Title AT  
Name GILNER, PAUL  
Address 3600 W COMMERCIAL BLVD  
City-State-Zip: FORT LAUDERDALE FL 33309

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PAUL GILNER**

**ASSISTANT TREASURER 02/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date