

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000074523

**Entity Name:** ANTI-AGING CLINIC ASSOC. INC.

**Current Principal Place of Business:**

7134 W. MCNAB ROAD  
TAMARAC, FL 33321

**Current Mailing Address:**

7134 W. MCNAB ROAD  
TAMARAC, FL 33321

**FEI Number: 80-0152238**

**Certificate of Status Desired: No**

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

TIPPIE, DAVID PSR.  
7660 NW 79TH AVE. N-6  
TAMARAC, FL 33321 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	PRES	Title	VP
Name	TIPPIE, DAVID PSR.	Name	TIPPIE, STEPHANIE E
Address	7660 NW 79TH AVE. N-6	Address	7660 NW 79TH AVE. N-6
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 33321

*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: DAVID P. TIPPIE SR.**

**PRESIDENT**

**03/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date