

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000121968

**Entity Name:** LIFE EXTENSION CLINICAL RESEARCH, INC.

**Current Principal Place of Business:**

5990 N. FEDERAL HIGHWAY  
FT. LAUDERDALE, FL 33308

**Current Mailing Address:**

5990 N. FEDERAL HIGHWAY  
FT. LAUDERDALE, FL 33308

**FEI Number:** 20-0346873

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 P  
Name HIRSH, STEVEN  
Address 5990 N. FEDERAL HIGHWAY  
City-State-Zip: FORT LAUDERDALE FL 33308

Title S  
Name HIRSH, STEVEN  
Address 5990 N. FEDERAL HIGHWAY  
City-State-Zip: FT. LAUDERDALE FL 33308

Title T  
Name HIRSH, STEVEN  
Address 5990 N. FEDERAL HIGHWAY  
City-State-Zip: FT. LAUDERDALE FL 33308

*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:** STEVEN HIRSH

**PRESIDENT**

**04/02/2013**

Electronic Signature of Signing Officer/Director Detail

Date