

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000038668

**Entity Name:** AGELESS MEDICINE ASSOCIATES, INC.

**Current Principal Place of Business:**

7200 W. COMMERCIAL BOULEVARD  
SUITE 210  
LAUDERHILL, FL 33319

**Current Mailing Address:**

7200 W. COMMERCIAL BOULEVARD  
SUITE 210  
LAUDERHILL, FL 33319

**FEI Number: 26-3611501**

**Certificate of Status Desired: No**

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

WOLFSON, ANDREA LESQ.  
4491 SOUTH STATE ROAD 7  
SUITE 314  
DAVIE, FL 33314 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.VP  
Name SLAVIN, HERBERT R DR.  
Address 7200 W. COMMERCIAL BOULEVARD  
SUITE 210  
City-State-Zip: LAUDERHILL FL 33319

*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: HERBERT R SLAVIN MD**

**PRESIDENT**

**03/27/2013**

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

\_\_\_\_\_  
Date