

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000095487

**Entity Name:** CENTER FOR INDIVIDUALIZED MEDICINE AND AGE  
MANAGEMENT, INC.

**FILED**  
**Apr 15, 2014**  
**Secretary of State**  
**CC9026538921**

**Current Principal Place of Business:**

11616 LAKE UNDERHILL RD  
SUITE 205  
ORLANDO, FL 32825

**Current Mailing Address:**

11616 LAKE UNDERHILL RD  
SUITE 205  
ORLANDO, FL 32825

**FEI Number: 46-1499784**

**Certificate of Status Desired: No**

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

DONIS RIVERA, MILDRED MD  
11616 LAKE UNDERHILL RD  
SUITE 205  
ORLANDO, FL 32825 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 DONIS RIVERA, MILDRED MD  
Address 11616 LAKE UNDERHILL RD, SUITE  
205  
City-State-Zip: ORLANDO FL 32825

*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: MILDRED DONIS RIVERA**

**PRESIDENT**

**04/15/2014**

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

\_\_\_\_\_  
Date