

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000041789

**Entity Name:** AGELESS REHAB & TRAINING CORP

**Current Principal Place of Business:**

8490 SW 2 STREET  
MIAMI, FL 33144

**Current Mailing Address:**

8490 SW 2 STREET  
MIAMI, FL 33144 US

**FEI Number: 86-3606986**

**Certificate of Status Desired: No**

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

LAGE, ALEX  
8490 SW 2 STREET  
MIAMI, FL 33144 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:** ALEX LAGE

03/10/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title MGR  
Name LAGE, ALEX  
Address 8490 SW 2 STREET  
City-State-Zip: MIAMI FL 33144

*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:** ALEX LAGE

OWNER/ MANAGER

03/10/2024

Electronic Signature of Signing Officer/Director Detail

Date