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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 02/07/2023

MGR

Electronic Signature of Signing Authorized Person(s) Detail

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112862

Entity Name: HUMAN PERFORMANCE LONGEVITY CENTER, LLC

Current Principal Place of Business:

13450 PARKER COMMONS BLVD. 106 FT. MYERS, FL 33912

Current Mailing Address:

12451 VITTORIA WAY FT. MYERS, FL 33912 US

FEI Number: 20-5934107

Name and Address of Current Registered Agent:

ST. CLAIR, RON 709 CAPE CORAL PKWY W CAPE CORAL, FL 33914 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

Authorized Person(s) Detail :

Title MGR JOSEPH. A Name Address 12451 VITTORIA WAY City-State-Zip: FORT MYERS FL 33912

SIGNATURE: ALEXANDER JOSEPH

Certificate of Status Desired: No

FILED Feb 07, 2023 Secretary of State 0392758602CC

Date

Date