

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000076568

Entity Name: AGELESS REGENERATIVE INSTITUTE, LLC

Current Principal Place of Business:

19495 BISCAYNE BLVD.
SUITE 200
AVENTURA, FL 33180

Current Mailing Address:

19495 BISCAYNE BLVD.
SUITE 200
AVENTURA, FL 33180 US

FEI Number: 27-3096688

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PAYNE, TODD S ESQ.
110 S.E. 6TH STREET
SUITE 2150
FT. LAUDERDALE, FL 33301 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: TODD S. PAYNE, ESQ.

04/22/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name MCQUILLAN, SHARON MD
Address 19495 BISCAYNE BLVD.
SUITE 200
City-State-Zip: AVENTURA FL 33180

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.

SIGNATURE: SHARON MCQUILLAN, M.D.

MGRM

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date