

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000117742

**Entity Name:** AGELESS REJUVENATION & AESTHETICS, LLC

**Current Principal Place of Business:**

12201 RIVERBEND COURT  
PORT ST. LUCIE, FL 34984

**Current Mailing Address:**

12201 RIVERBEND COURT  
PORT ST. LUCIE, FL 34984

**FEI Number:** 46-0971458

**Certificate of Status Desired:** No

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

ZELINKA, MAUREEN A  
12201 RIVERBEND COURT  
PORT ST. LUCIE, FL 34984 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

**Authorized Person(s) Detail :**

Title MGR  
Name ZELINKA, MAUREEN A  
Address 12201 RIVERBEND COURT  
City-State-Zip: PORT ST. LUCIE FL 34984

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MAUREEN A. ZELINKA, MD

MGR

07/08/2013

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date