

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000170829

Entity Name: LIFE EXTENSIONS MEDICAL GROUP LLC

Current Principal Place of Business:

549 NW LAKE WHITNEY PLACE,
SUITE 102
ST. LUCIE WEST, FL 34986

Current Mailing Address:

549 NW LAKE WHITNEY PLACE,
SUITE 102
ST. LUCIE WEST, FL 34986 US

FEI Number: 46-6199458

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HPA TRUST
5475 SAINT JAMES DR
#234
PORT ST LUCIE, FL 34983 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 HPA TRUST
Address 5475 SAINT JAMES DR #234
City-State-Zip: PORT ST LUCIE FL FL 34983

Title MGR
Name DE PAULA, MIGUEL
Address 549 N.W. LAKE WHITNEY PLACE STE
 102
City-State-Zip: PORT ST LUCIE FL 34986

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: MIGUEL DPAULA

MGR

02/26/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date