

**2016 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:** 47-2635971

**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 DE PAULA ARIAS, 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 DE PAULA ARIAS

**MANAGER**

**04/29/2016**

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

\_\_\_\_\_  
Date