

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000086286

Entity Name: AGELESS MEDICINE OF THE PALM BEACHES, LLC

Current Principal Place of Business:

6390 WEST INDIANTOWN ROAD,
UNIT 28
JUPITER, FL 33458

Current Mailing Address:

2195 NORTHFORK DRIVE
JUPITER, FL 33458 US

FEI Number: 47-0973584

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSSELLI, MATTEO
2195 NORTHFORK DRIVE
JUPITER, FL 33458 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 MGRM
Name ROSSELLI, MATTEO
Address 2195 NORTHFORK DRIVE
City-State-Zip: JUPITER FL 33458

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: MATTEO ROSSELLI

MGMR

01/19/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date