

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000169127

Entity Name: CENTER FOR MEDICAL REJUVENATION, LLC

Current Principal Place of Business:

36181 EAST LAKE ROAD
SUITE 398
PALM HARBOR, AL 34685

Current Mailing Address:

36181 EAST LAKE ROAD
SUITE 398
PALM HARBOR, AL 34685 US

FEI Number: 16-0001691

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VITALITY AESTHETIC & REGENERATIVE MEDICINE
36181 EAST LAKE ROAD
SUITE 398
PALM HARBOR, FL 34685 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 AESTHETIC, VITALITY
Address 36181 EAST LAKE ROAD
SUITE 398
City-State-Zip: PALM HARBOR AL 34685

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: VITALITY AESTHETIC

CEO

03/18/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date