

**2018 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 AND REGENERATIVE  
MEDICINE

CEO

01/15/2018

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

\_\_\_\_\_  
Date