

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000361254

**Entity Name:** AGELESS DYNAMICS PRIMARY CARE LLC

**Current Principal Place of Business:**

7600 OMNI LANE  
103  
FORT MYERS, FL 33905

**Current Mailing Address:**

7600 OMNI LANE  
103  
FORT MYERS, FL 33905 US

**FEI Number:** 87-2023257

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS INC.  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 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            AMBR  
Name            AGELESS DYNAMICS, LLC  
Address        1309 COFFEEN AVENUE STE 1200  
City-State-Zip: SHERIDAN WY 82801

*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:** LORI KHRISTINE AXFORD

CEO

08/17/2022

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

\_\_\_\_\_  
Date