

F11000004096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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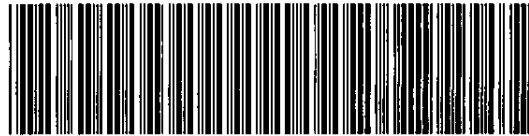
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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J. Shivers OCT 13 2011

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** AMERICAN ACADEMY OF ANTI-AGING MEDICINE, INC.  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

SHARI TAYLOR

Name of Person

SHARI TAYLOR AND COMPANY, CHARTERED

Firm/Company

707 SKOKIE BLVD, STE 600

Address

NORTHBROOK, IL 60062

City/State and Zip Code

STAYLOR@SHARITAYLORANDCO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARI TAYLOR

Name of Person

at ( 847 )

291-0192

Area Code & Daytime Telephone Number

### MAILING ADDRESS:

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. AMERICAN ACADEMY OF ANTI-AGING MEDICINE, INC.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. ILLINOIS 3. 36-4087310  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05/14/1996 5. "PERPETUAL"  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 09/01/2011  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 1510 W MONTANA ST, CHICAGO, IL 60614  
(Principal office address)  
210 SHAR: TAYLOR AND Co. CHARTD.  
707 SKOKIE BLVD, STE 600, NORTHBROOK, IL 60062  
(Current mailing address)

8. EDUCATIONAL PURPOSES FOR MEMBERS AND GENERAL PUBLIC IN ANTI-AGING  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: SHARI TAYLOR

Office Address: 301 YAMATO ROAD, STE 2199

BOCA RATON, Florida 33431  
(City) (Zip Code)

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10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: ROBERT GOLDMAN

Address: 1510 W MONTANA ST, CHICAGO, IL 60614

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: MICHAEL KLATZ

Address: 1510 W MONTANA ST, CHICAGO, IL 60614

Director: ROBERT GOLDMAN

Address: 1510 W MONTANA ST, CHICAGO, IL 60614

**B. OFFICERS**

President: ROBERT GOLDMAN

Address: 1510 W MONTANA ST, CHICAGO, IL 60614

Vice President: RONALD KLATZ

Address: 1510 W MONTANA ST, CHICAGO, IL 60614


Secretary: RONALD KLATZ

Address: 1510 W MONTANA ST, CHICAGO, IL 60614

Treasurer: ROBERT GOLDMAN

Address: 1510 W MONTANA ST, CHICAGO, IL 60614

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

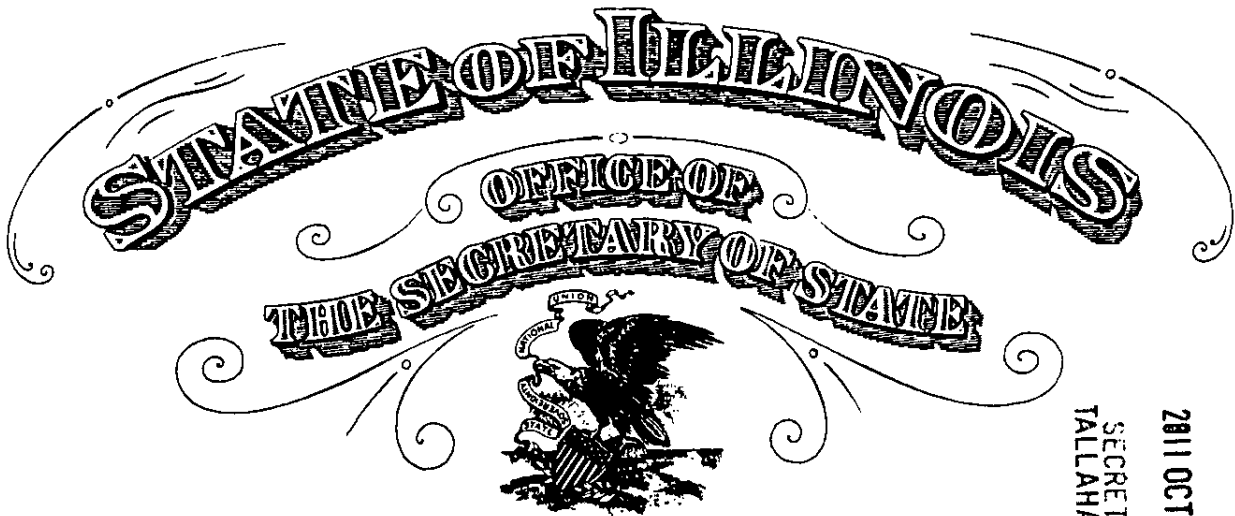
13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Ronald Klatz  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

File Number

5886-478-1



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

AMERICAN ACADEMY OF ANTI-AGING MEDICINE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 14, 1996, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1128402184

Authenticate at: <http://www.cyberdriveillinois.com>

*In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 11TH  
day of OCTOBER A.D. 2011 .*

*Jesse White*

SECRETARY OF STATE