

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004096

FILED  
Apr 03, 2012  
Secretary of State

**Entity Name:** AMERICAN ACADEMY OF ANTI-AGING MEDICINE, INC.

**Current Principal Place of Business:**

1801 N MILITARY TRAIL, SUITE 200  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

1801 N MILITARY TRAIL, SUITE 200  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 36-4087310

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAYLOR, SHARI  
301 YAMATO RD STE 2199  
BOCA RATON, FL 33431 US

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

TAYLOR, SHARI  
1801 N MILITARY TRAIL, SUITE 200  
BOCA RATON, FL 33431 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: SHARI TAYLOR

04/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CDPT  
Name: GOLDMAN, ROBERT  
Address: 1510 W MONTANA ST  
City-St-Zip: CHICAGO, IL 60614

Title: D  
Name: KLATZ, MICHAEL  
Address: 1510 W MONTANA ST  
City-St-Zip: CHICAGO, IL 60614

Title: VPS  
Name: KLATZ, RONALD  
Address: 1510 W MONTANA ST  
City-St-Zip: CHICAGO, IL 60614

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT GOLDMAN

PRES

04/03/2012

Electronic Signature of Signing Officer or Director

Date