

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022500

FILED
Apr 30, 2012
Secretary of State

Entity Name: NU INSTITUTE FOR AGE MANAGEMENT AND INTERVENTION, LLC

Current Principal Place of Business:

1441 BRICKELL AVE
THE FOUR SEASONS HOTEL AND TOWER SKY LOBBY
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1441 BRICKELL AVE
THE FOUR SEASONS HOTEL AND TOWER SKY LOBBY
MIAMI, FL 33131

New Mailing Address:

FEI Number: 83-0362208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
100 S. ASHLEY DR.
SUITE 400
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: WATSON, STEPHEN
Address: 1441 BRICKELL AVE, 3RD FLOOR
City-St-Zip: MIAMI, FL 33131

Title: MGR
Name: GALLO, JULIO F M.D.
Address: 1441 BRICKELL AVE, 3RD FLOOR
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: STEPHEN WATSON

MGR

04/30/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date