

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034514

Entity Name: INFINITE VITALITY, LLC

FILED  
Jul 27, 2004  
Secretary of State

## Current Principal Place of Business:

2202 NORTH WESTSHORE BOULEVARD  
SUITE 200  
TAMPA, FL 33607 US

## New Principal Place of Business:

## Current Mailing Address:

2202 NORTH WESTSHORE BOULEVARD  
SUITE 200  
TAMPA, FL 33607 US

## New Mailing Address:

FEI Number: 56-2392708

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORSATTI, CHAD T ESQ.  
3204 ALTERNATE 19 NORTH  
PALM HARBOR, FL 34683 US

## Name and Address of New Registered Agent:

WOLSTEIN, BRIAN G D.C.  
1600 GULF BOULEVARD  
PENTHOUSE 2  
CLEARWATER, FL 33767 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: BRIAN G. WOLSTEIN, D.C.

07/27/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: WOLSTEIN, BRIAN G D.C.  
Address: 24945 U.S. HIGHWAY 19 NORTH  
City-St-Zip: CLEARWATER, FL 33763 US

Title: MGRM ( ) Delete  
Name: WEBER, JED P M.D.  
Address: P.O. BOX 560  
City-St-Zip: CRYSTAL BEACH, FL 34681 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: BRIAN G. WOLSTEIN, D.C.

MGRM

07/27/2004

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