

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90073 045 ****50.00

DOCUMENT # L04000018219

1. Entity Name
ANTI-AGING SPINAL REJUVINATION CENTERS, LLC



Principal Place of Business
**18205 BISCAYNE BLVD, STE 100
AVENTURA, FL 33179**

Mailing Address
**18205 BISCAYNE BLVD, STE 100
AVENTURA, FL 33179**

40023980



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
37-1486001

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASTOR, SIMON
18205 BISCAYNE BLVD STE 100
AVENTURA, FL 33160**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **ASTOR, SIMON**
STREET ADDRESS **100 JEFFERSON ST**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☒ Change ☐ Addition
NAME **Simon Astor**
STREET ADDRESS **100 Jefferson Avenue #10017**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **CFO** ☐ Delete
NAME **ASTOR, LIONEL**
STREET ADDRESS **500 S E 5TH AVE**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **ASTOR, MARK**
STREET ADDRESS **901 N POLLARD ST #11115**
CITY-ST-ZIP **ARLINGTON, VA 22203**

TITLE ☒ Change ☐ Addition
NAME **Mark Astor**
STREET ADDRESS **144 Coconut Key Lane**
CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/27/06 (305) 792-0007

Date

Daytime Phone #