# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jul 10, 2008**
**Secretary of State**

DOCUMENT# L04000051169

**Entity Name:** INTERNAL MEDICINE & CLINICAL ANTI-AGING CENTER, LLC

**Current Principal Place of Business:**

SEVEN SPRINGS MEDICAL PARK
3633 LITTLE ROAD, STE. #102
TRINITY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

SEVEN SPRINGS MEDICAL PARK
3633 LITTLE ROAD, STE. #102
TRINITY, FL 34655 US

**New Mailing Address:**

**FEI Number: 45-0539503** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FORTNER, FLORENDA L MD
3633 LITTLE ROAD
SUITE # 102
TRINITY, FL 34655 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: MGRM ( ) Delete
Name: FORTNER, FLORENDA MD
Address: 6528 GREEN ACRES BLVD
City-St-Zip: NEW PORT RICHEY, FL 34655 US

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: FLORENDA FORTNER, MD MGRM 07/10/2008

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