

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051169

FILED
Jan 29, 2009
Secretary of State

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:

5535 GRAND BLVD
SUITE C
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

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

New Mailing Address:

5535 GRAND BLVD
SUITE C
NEW PORT RICHEY, FL 34652 US

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:

FORTNER, FLORENDA L MD
5535 GRAND BLVD
SUITE C
NEW PORT RICHEY, FL 34652 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: FLORENDA FORTNER

01/29/2009

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

MGRM

01/29/2009

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