

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000051169

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

5535 GRAND BLVD  
SUITE C  
NEW PORT RICHEY, FL 34652 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  
5535 GRAND BLVD  
SUITE C  
NEW PORT RICHEY, FL 34652 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  
Name: FORTNER, FLORENDA MD  
Address: 5535 GRAND BLVD, SUITE C  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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: FLORENDA FORTNER MD

MGRM

06/12/2012

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