

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000112660	
1. Entity Name AGE-LESS MEDICINE, LLC	

Principal Place of Business 4830 W. KENNEDY BOULEVARD SUITE 110 TAMPA, FL 33609	Mailing Address 1108 ABBEYS WAY TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE



04182008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3825556	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCLINTOCK, LINDA F M.D.
 1108 ABBEYS WAY
 TAMPA, FL 33602

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCLINTOCK, LINDA F M.D. 1108 ABBEYS WAY TAMPA, FL 33602
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 05/13/08-80090-010 138.75

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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:  Linda McClintock, MD 4/18/08 813/286-4404