

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112862

FILED
Mar 23, 2009
Secretary of State

Entity Name: HUMAN PERFORMANCE LONGEVITY CENTER, LLC

Current Principal Place of Business:

6819 PORTO FINO CIRCLE
UNIT B
FT. MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

8574 SOUTH LAKE CIRCLE
FT. MYERS, FL 33908

New Mailing Address:

FEI Number: 20-5934107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERSCH, CRAIG R
9100 COLLEGE POINTE COURT
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

ST. CLAIR, RON
709 CAPE CORAL PKWY W
CAPE CORAL, FL 33914 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: RON ST. CLAIR

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOSEPH, ALEXANDER
Address: 8574 SOUTH LAKE CIRCLE
City-St-Zip: FT. MYERS, FL 33908

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: ALEXANDER JOSEPH

PRES

03/23/2009

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