

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000072558

**FILED**  
**Oct 16, 2009**  
**Secretary of State**

**Entity Name:** INSTITUTE FOR ANTI-AGING MEDICINE, LLC

**Current Principal Place of Business:**

3050 BEE RIDGE RD  
STE A  
SARASOTA, FL 34239

**New Principal Place of Business:**

5741 BEE RIDGE RD  
STE 260  
SARASOTA, FL 34233

**Current Mailing Address:**

3050 BEE RIDGE RD  
STE A  
SARASOTA, FL 34239

**New Mailing Address:**

PO BOX 15157  
SARASOTA, FL 34277

**FEI Number:** 30-0497488      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SPRAKER, ANGELA  
3050 BEE RIDGE RD  
STE A  
SARASOTA, FL 34239 US

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

SACK, BRETT J  
5741 BEE RIDGE RD  
STE 260  
SARASOTA, FL 34233 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: BJSACK

10/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SACK, JEFFREY B MD  
Address: P O BOX 15157  
City-St-Zip: SARASOTA, FL 34277

Title: MGR (X) Delete  
Name: SPRAKER, ANGELA  
Address: P O BOX 15157  
City-St-Zip: SARASOTA, FL 34277

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SACK, BRETT J MD  
Address: P O BOX 15157  
City-St-Zip: SARASOTA, FL 34277

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: BJSACK

PRES

10/16/2009

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