

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000072558

**FILED**  
**Dec 19, 2013**  
**Secretary of State**

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

**Current Principal Place of Business:**

5741 BEE RIDGE RD  
STE 260  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 15157  
SARASOTA, FL 34277

**New Mailing Address:**

**FEI Number:** 30-0497488

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SACK, BRETT J MD  
**Address:** P O BOX 15157  
**City-St-Zip:** SARASOTA, FL 34277

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:** JBSACK

PRES

12/19/2013

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