2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2012
Secretary of State

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Entity Name: AGELESS REGENERATIVE INSTITUTE, LLC

Current Principal Place of Business:

16107 EMERALD ESTATES DRIVE
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

16107 EMERALD ESTATES DRIVE
WESTON, FL 33331

New Mailing Address:

FEI Number: 27-3096688 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCQUILLAN, SHARON P MD
16107 EMERALD ESTATES DRIVE
WESTON, FL 33331 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: MCQUILLAN, SHARON P MD
Address: 16107 EMERALD ESTATES DRIVE
City-St-Zip: WESTON, FL 33331

Title: MGRM
Name: COMELLA, KRISTIN
Address: 16107 EMERALD ESTATES DRIVE
City-St-Zip: WESTON, FL 33331

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 Statues.

SIGNATURE: KRISTIN COMELLA MS. 01/13/2012

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