

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000092615

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** AGE MANAGEMENT PHYSICIANS NETWORK,LLC

**Current Principal Place of Business:**

4800 N. FEDERAL HWY  
SUITE C101  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

4800 N. FEDERAL HWY  
SUITE C101  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 27-3437566

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MITCHELL L. TAYLOR, CPA, P.A.  
4800 N. FEDERAL HIGHWAY 102D  
BOCA RATON, FL 33431 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:** POZNER, JASON MD  
**Address:** 4800 N FEDERAL HWY C101  
**City-St-Zip:** BOCA RATON, FL 33431

**Title:** MGRM  
**Name:** GOLDBERG, DAVID MD  
**Address:** 4800 N FEDERAL HWY C101  
**City-St-Zip:** BOCA RATON, FL 33431

**Title:** MGRM  
**Name:** FRISINA, LOUIS  
**Address:** 4800 N FEDERAL HWY C101  
**City-St-Zip:** BOCA RATON, FL 33431

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:** ANNIE JUILLET

MRS

04/20/2011

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