

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