

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000092615

FILED
Apr 30, 2012
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:

ANNIE, JUILLET CFO
4800 N. FEDERAL HIGHWAY C101
BOCA RATON, FL 33431 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: ANNIE JUILLET

04/30/2012

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

CFO

04/30/2012

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