

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000099605

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

**Entity Name:** JACKSONVILLE ANTI-AGING INSTITUTE LLC

**Current Principal Place of Business:**

11808 SAN JOSE BLVD  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

8146 BAHIA BLANCA STREET  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 27-4404453

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATOS, KIRSTEN  
8146 BAHIA BLANCA STREET  
JACKSONVILLE, FL 32256 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: DR  
Name: MATOS, KIRSTEN O  
Address: 8146 BAHIA BLANCA ST  
City-St-Zip: JACKSONVILLE, FL 32256

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: KIRSTEN MATOS

DR

04/06/2012

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