

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000070982

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** BIOPERFORMANCE AGE MANAGEMENT MEDICINE, LLC

**Current Principal Place of Business:**

14000 MILITARY TRAIL  
SUITE 210  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

14000 S. MILITARY TRAIL  
SUITE 210  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

14000 MILITARY TRAIL  
SUITE 210  
DELRAY BEACH, FL 33484

**New Mailing Address:**

14000 S. MILITARY TRAIL  
SUITE 210  
DELRAY BEACH, FL 33484

**FEI Number:** 45-2588531

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ALSHON, JOSEPH J DO  
14000 MILITARY TRAIL  
SUITE 210  
DELRAY BEACH, FL 33484 US

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

ALSHON, JOSEPH J DO  
14000 S. MILITARY TRAIL  
SUITE 210  
DELRAY BEACH, FL 33484 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: JOSEPH J ALSHON

01/03/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ALSHON, JOSEPH J DO  
Address: 14000 S. MILITARY TRAIL, SUITE 210  
City-St-Zip: DELRAY BEACH, FL 33484

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: JOSEPH J ALSHON

DR

01/03/2012

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