


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAY 16 PM 1:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000001055		1a. Principal Place of Business Address	
ANTI-AGING MEDICINE INSTITUTE, L.C. 20 EAST MELBOURNE AVENUE MELBOURNE FL 32901				20 EAST MELBOURNE AVENUE MELBOURNE FL 32901	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/09/1996	
City & State		City & State		4. FEI Number	
Zip		Zip		59-3420433	
Country		Country		5. Date of Last Report	
				6. Certificate of Status Desired	
				[] Applied For [] Not Applicable	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent			
CHANDRA, RAJIV MD 20 EAST MELBOURNE AVE MELBOURNE FL 32901		Name Street Address (P.O. Box Number) Suite, Apt. #, etc. City Zip Code			
		800000001716--2 -05/16/97--01099--001 ***1805.00 ***203.75 FL			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)				DATE 4-28-97	
10. Title		Managing Members/Managers		Business Street Address	
MGRM CHANDRA, RAJIV MD		20 EAST MELBOURNE AVE		MELBOURNE FL	
MGRM PATEL, BACHU MD		469 N HARBOR CITY BLVD.		MELBOURNE FL	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: _____				4-28-97 407-951-7404	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER				Date Daytime Phone #	