

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra S. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY 15 PM 1:31

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L96000001055

ANTE-AGING MEDICINE INSTITUTE, LC
20 EAST MELBOURNE AVENUE
MELBOURNE FL 32901

1a. Principal Place of Business Address

20 EAST MELBOURNE AVENUE
MELBOURNE FL 32901

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

10/09/1996

FL

4. FEI Number

59-3420433

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

05/16/1997

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

CHANDRA, RAJIV
20 EAST MELBOURNE AVENUE
MELBOURNE FL 32901

Name

Street Address (P.O. Box Number is Not Acceptable)

600002528526

Suite, Apt. #, etc.

05/19/98 01024 024

****188.75 ****188.75

City

FL

Zip Code

MAA

9. Pursuant to the provisions of Sections 605.419 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

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM CHANDRA, RAJIV

20 EAST MELBOURNE AVENUE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #