

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006148 AF

DOCUMENT # L96000001055

1. Entity Name  
ANTI-AGING MEDICINE INSTITUTE, L.C.

FILED

01 MAY -3 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
20 EAST MELBOURNE AVENUE  
#104  
MELBOURNE FL 32901

Mailing Address  
20 EAST MELBOURNE AVENUE  
#104  
MELBOURNE FL 32901



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3420433

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHANDRA, RAJIV MD  
20 EAST MELBOURNE AVE  
MELBOURNE FL 32901

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOT) Registered Agent signature required when reinstating.

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
CHANDRA, RAJIV MD  
20 EAST MELBOURNE AVE  
MELBOURNE FL 32901

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
PATEL, BACHU MD  
469 N HARBOR CITY BLVD.  
MELBOURNE FL 32935

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I 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 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.

SIGNATURE:

SIGNATURE

4/27/01

321-951-7404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)