

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000070141

FILED
Apr 16, 2012
Secretary of State

Entity Name: LONGEVITY ORTHOPEDIC SERVICES, INC

Current Principal Place of Business:

1971 ROSE MALLOW LN
FLEMING ISLAND, FL 32003

New Principal Place of Business:

Current Mailing Address:

1971 ROSE MALLOW LN
FLEMING ISLAND, FL 32003

New Mailing Address:

FEI Number: 20-1035719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARELARE, NORMAN L
1971 ROSE MALLOW LN
FLEMING ISLAND, FL 32003 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

OFFICERS AND DIRECTORS:

Title: DPT
Name: BARELARE, NORMAN L
Address: 1971 ROSE MALLOW LN
City-St-Zip: FLEMING ISLAND, FL 32003 US

Title: DVS
Name: BARELARE, KIMBERLEY J
Address: 1971 ROSE MALLOW LN
City-St-Zip: FLEMING ISLAND, FL 32003

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIM BARELARE

VP

04/16/2012

Electronic Signature of Signing Officer or Director

Date