

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000074399

**FILED**  
**Jan 20, 2011**  
**Secretary of State**

**Entity Name:** ANTI-AGING ASSOCIATES OF FLORIDA INC.

**Current Principal Place of Business:**

201 NW 82 AVE., SUITE 401  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

201 NW 82 AVE., SUITE 401  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 20-1028579

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYNN, BRIAN  
2 S UNIVERSITY DRIVE  
SUITE 215  
PLANTATION, FL 33324 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: PD  
Name: MORAN, GLENN K  
Address: 201 NW 82 AVE., SUITE 401  
City-St-Zip: PLANTATION, FL 33324

Title: VTSD  
Name: BATES, PAUL T  
Address: 201 NW 82 AVE., SUITE 401  
City-St-Zip: PLANTATION, FL 33324

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: GLENN K. MORAN

PD

01/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date