

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000131791

FILED
Mar 09, 2008
Secretary of State

Entity Name: ANTI-AGING MEDICAL SPECIALISTS, P.A.

Current Principal Place of Business:

2051 45TH ST.
SUITE 301
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

2086 CHAGALL CIRCLE
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 20-3574512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELKAYAM, JACOB
2074 CHAGALL CIRCLE
WEST PALM BEACH, FL 33409 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARRON, RENANIT E
Address: 2051 45TH ST. SUITE 301
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BARRON, RENANIT E
Address: 2086 CHAGALL CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RENANIT BARRON

D

03/09/2008

Electronic Signature of Signing Officer or Director

Date