

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001388

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: AGELESS BUSINESS CONSULTING, INC.

## Current Principal Place of Business:

35 WATERGATE DRIVE  
SUITE 1103  
SARASOTA, FL 34236 US

## Current Mailing Address:

35 WATERGATE DRIVE  
SUITE 1103  
SARASOTA, FL 34236 US

FEI Number: 26-1827207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLALOCK, WALTERS, HELD & JOHNSON, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 342057734 US

## New Principal Place of Business:

2665 EXECUTIVE PARK DRIVE  
SUITE 1  
WESTON, FL 33331 US

## New Mailing Address:

2665 EXECUTIVE PARK DRIVE  
SUITE 1  
WESTON, FL 33331 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: PSTD ( ) Delete  
Name: MCQUILLAN, SHARON P M.D.  
Address: 35 WATERGATE DRIVE, STE. 1103  
City-St-Zip: SARASOTA, FL 34236 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: MCQUILLAN, SHARON P M.D.  
Address: 2665 EXECUTIVE PARK DRIVE, SUITE 1  
City-St-Zip: WESTON, FL 33331 US

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: SHARON P. MCQUILLAN, MD

PSTD

04/03/2009

Electronic Signature of Signing Officer or Director

Date