

## **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000076398

**FILED**  
**Oct 14, 2010**  
**Secretary of State**

**Entity Name:** HEALTH & LONGEVITY CENTER, INC.

**Current Principal Place of Business:**

7495 SW 93 AVENUE  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

7495 SW 93 AVENUE  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 26-3174049

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THE GENESIS FIRM LLC  
10660 NW 37TH TER  
DORAL, FL 33178 US

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

HENSLEY, CATHERINE  
10660 NW 37TH TER  
DORAL, FL 33178 US

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: CATHERINE HENSLEY

10/14/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HENSLEY, CATHERINE  
Address: 7495 SW 93 AVENUE  
City-St-Zip: MIAMI, FL 33178

Title: VP  
Name: HENSLEY, CATHERINE  
Address: 7495 SW 93 AVENUE  
City-St-Zip: MIAMI, FL 33178

Title: SEC  
Name: HENSLEY, CATHERINE  
Address: 7495 SW 93 AVE  
City-St-Zip: MIAMI, FL

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: CATHERINE HENSLEY

P

10/14/2010

Electronic Signature of Signing Officer or Director

Date