

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000095487

**FILED**  
**Oct 21, 2013**  
**Secretary of State**

**Entity Name:** CENTER FOR INDIVIDUALIZED MEDICINE AND AGE MANAGEMENT, INC.

**Current Principal Place of Business:**

11616 LAKE UNDERHILL RD  
SUITE 205  
ORLANDO, FL 32825

**New Principal Place of Business:**

**Current Mailing Address:**

11616 LAKE UNDERHILL RD  
SUITE 205  
ORLANDO, FL 32825

**New Mailing Address:**

**FEI Number:** 46-1499784

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DONIS RIVERA, MILDRED MD  
11616 LAKE UNDERHILL RD  
SUITE 205  
ORLANDO, FL 32825 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:** MILDRED DONIS RIVERA, MD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DONIS RIVERA, MILDRED MD  
**Address:** 11616 LAKE UNDERHILL RD, SUITE 205  
**City-St-Zip:** ORLANDO, FL 32825

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:** MILDRED DONIS RIVERA, MD

PRES

10/21/2013

Electronic Signature of Signing Officer or Director

Date