

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33596

FILED
Apr 23, 2008
Secretary of State

Entity Name: THE INSTITUTE FOR MOBILITY AND LONGEVITY, INC.

Current Principal Place of Business:

1309 N FLAGLER DR
WEST PALM BCH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 248
PALM BEACH, FL 33480 US

New Mailing Address:

FEI Number: 04-2981081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAILE, SHAW & PFAFFENBERGER
660 US HIGHWAY 1
THIRD FLOOR
NORTH PALM BEACH, FL 33408 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: CDS () Delete
Name: HODGE, WILLIAM M.D.
Address: 1309 N FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: DICOMO, PHILLIP
Address: 1309 N FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: IERARDI, JOSEPH A
Address: 1309 N FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: MAGEE, PATRICK
Address: 1309 N FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: BOWMAN, JEFFREY
Address: 1309 N FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LANDER, FERRIS
Address: 1309 N FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. ANDREW HODGE

CDS

04/23/2008

Electronic Signature of Signing Officer or Director

Date