
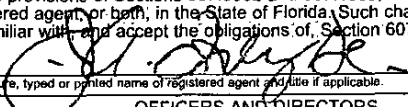


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90101 015 ***150.00

0441584

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000063999					
1. Corporation Name LONGEVITY CENTER, P.A.					
Principal Place of Business 2774 FIRST ST. FT. MYERS FL 33916			Mailing Address 2774 FIRST ST. FT. MYERS FL 33916		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 12500 World Plaza Ln.		26 12500 World Plaza Ln		07/20/1998	
22 Suite, Apt. #, etc. #2		27 Suite, Apt. #, etc. #2		4. FEI Number 65-0856504	
23 City & State Fort Myers FL		28 City & State Fort Myers FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33907		29 Zip 33907		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country Lee		30 Country Lee		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
WINSLOW, CARL H JR, ESQ 2256 HEITMAN ST. T MYERS FL 33901			81 Name FREY JOHN A, D.C		
			82 Street Address (P.O. Box Number is Not Acceptable) 12500 World Plaza Lane #2		
			83 City Fort Myers FL		
			84 City FL		
			85 Zip Code 33907		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE  PRES. 4/25/99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME FREY JOHN A. DC					
1.3 STREET ADDRESS 12500 World Plaza Ln. #2					
1.4 CITY-ST-ZIP Fort Myers FL 33907					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99 941274688

CR2E034 (11/98)