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.

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

04-30-1999 90101 015 ***150.00



Principal Place	e of Business		Mailing Addre	ss				##} ## 16# 6## 1841) ##16	SAILY SELLY SELLS	11100 11110 10110	12110 1011 1001
2774 FIRST ST. FT. MYERS FL 33916			2774 FIRST ST. FT. MYERS FL 33916				W TON OD	RITE IN THIS	SPACE		
							1	corporated or Qualife	ed		
	World Pla		2a. Mailing Ad		Id Aa	zaLr	4. FEI Nu	mber -0856504	/	<u> </u>	plied For at Applicable
Suite, Apt.		Suite, Apt. #, etc. 27 # 2				1	ate of Status Desired		\$8.75 A		
City & Stat	Myers	FL	City & Sta	Myer	′S	71	l l	n Campaign Financin und Contribution	¹⁹ 🗆	\$5.00 Added t	•
Zip 339		ountry Lee	Zip 29 3390	7 30	Country	ee_	Person	orporation owes the control of the c		X Yes	□No
	9. Name and A	Address of Current	Registered Agen	ıt			10. Name	and Address of Nev	v Registered	Agent	
\A/INH	CLOW CARL H	ID ECO		-	81		REU .	JOHN A.	0.0		
WINSLOW, CARL H JR, ESQ 2256 HEITMAN ST.					82	Street Ac		Number is Not Acce	ptable)	#2	
I Mi	YERS FL 33901				83	For	+ myer	s Th		· · ·	
المارود و	••	Af a			84	City	7		FL	85 Zip 9	Gode 3 907
11. Pursuant	to the provisions o	f Sections 607.0502	and 607.1508, Fl	orida Statutes	, the abov	e-named co	orporation submit	ts this statement for t	ne purpose of	changing its	registered
office or r agent. I a	registered agent, or ım familiar yi ⊞, a pı	both, in the State o accept the obligati	f Florida Such choons of Section 60	ange was auth 17.0505, Florid	horized by la Statutes	the corpora 3.	ation's board of d	directors. I hereby ac	sept the appoi	ntment as re	yistereu
SIGNATURE	/ ~ YL	id name of registered agent	405 ~	(NOTE: R	DY45	•	uired when reinstating)		125/19		
12.	Signature, typed or partie	OFFICERS AND		(14012.14	13.	- it significant voq		ONS/CHANGES TO	OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	ρ	01110		DELETE	1.1 TITLE					☐ Change	☐ Addition
NAME	7064	JOHN A	DC.		1.2 NAME	Ì					'
STREET ADDRESS	12500 W	orld Plaza	1 Ln #2		1.3 STREE	TADORESS					¥
CITY-ST-ZIP	Fort M	yers 72	33907_		1.4 CITY-S	ST-ZIP		<u> </u>			
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CITY-ST-ZIP	 -			DELETE	6.1 TITLE) (- CIF	•			☐ Change	Addition
TITLE	1		L.J	INCLEIC	4,1 117LL						

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, on or an attachment with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR