

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000075149

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Entity Name:** LIFE EXTENSION CLINICS, INC.

**Current Principal Place of Business:**

1011 NORTH MACDILL AVENUE  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

1011 NORTH MACDILL AVENUE  
TAMPA, FL 33607 US

**New Mailing Address:**

**FEI Number:** 59-3530228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

TERRANA, MICHAEL J  
1011 NORTH MACDILL AVENUE  
TAMPA, FL 33607 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: PSD  
Name: JOHNSON, JEAN PATRICIA  
Address: 1011 NORTH MACDILL AVENUE  
City-St-Zip: TAMPA, FL 33607

Title: VTD  
Name: TERRANA, MICHAEL J  
Address: 1011 NORTH MACDILL AVENUE  
City-St-Zip: TAMPA, FL 33607

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: PATRICIA JOHNSON

PRES

02/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date