

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000087656

FILED
Apr 30, 2003
Secretary of State

Entity Name: FLORIDA INSTITUTE OF LONGEVITY, INC.

Current Principal Place of Business:

1600 36TH STREET
STE B
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

4025 8TH LANE
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 65-0869816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALTIERI, JOSEPH J
4035 8TH LANE
VERO BEACH, FL 32960 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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALTIERI, JOSEPH J M.D.
Address: 4025 8TH LANE
City-St-Zip: VERO BEACH, FL 32960

Title: SD () Delete
Name: ALTIERI, GINA
Address: 4025 8TH LANE
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH J ALTIERI

PD

04/30/2003

Electronic Signature of Signing Officer or Director

Date