

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90004 042 ***150.00

DOCUMENT # P99000010216

1. Entity Name

LONGEVITY CENTER OF SOUTH FLORIDA, INC.



Principal Place of Business

8966 SW 87 COURT
SUITE 9
MIAMI FL 33176

Mailing Address

8966 SW 87 COURT
SUITE 9
MIAMI FL 33176

2. Principal Place of Business

8966 SW 87 CT

3. Mailing Address

8966 SW 87 CT

Suite, Apt. #, etc.

Suite 15

Suite, Apt. #, etc.

Suite 15

City & State

Miami FLA

City & State

Miami FLA

Zip

33176

Country

USA

Zip

33176

Country

USA

4. FEI Number

65-0900774

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABELOVE, WILLIAM A M.D.
8966 SW 87 COURT
SUITE 9
MIAMI FL 33176

8966 SW 87 CT
Suite 15

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

William A. Abelow

2-23-04

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME ABELOVE, WILLIAM A M.D.
STREET ADDRESS 8966 SW 87 COURT
CITY-ST-ZIP MIAMI FL 33176

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-23-04 305-279-7992