


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90145 048 \*\*\*150.00

<b>DOCUMENT # P99000010216</b>	
1. Entity Name <b>LONGEVITY CENTER OF SOUTH FLORIDA, INC.</b>	

Principal Place of Business <b>8960 SW 87TH CT. STE. 15 MIAMI FL 33176</b>	Mailing Address <b>11440 N. KENDALL DR. STE 208 MIAMI FL 33176</b>
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2. Principal Place of Business - No P.O. Box # <b>11440 N. KENDALL DRIVE</b>	3. Mailing Address <b>same</b>
Suite, Apt. #, etc. <b>STE 208</b>	Suite, Apt. #, etc.
City & State <b>MIAMI, FLA</b>	City & State
Zip <b>33176</b>	Country <b>USA</b>

1st MOORE CR2E034 (10/06)

4. FEI Number <b>65-0900774</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ABELOVE, WILLIAM A M.D. 11440 N. KENDALL DR. STE 208 MIAMI FL 33176</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 *William A. Belove* DATE 3/17/07

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete <b>D ABELOVE, WILLIAM A M.D. 11440 N. KENDALL DR. MIAMI FL 33176</b>	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *William A. Belove* DATE 3/17/07 305-279-7992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR