

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000010216

FILED
Sep 05, 2009
Secretary of State

Entity Name: LONGEVITY CENTER OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

11440 N KENDALL DRIVE
STE. 208
MIAMI, FL 33176

New Principal Place of Business:

1604 TOWNCENTER BLVD.
SUITE A
WESTON, FL 33326

Current Mailing Address:

11440 N KENDALL DRIVE
STE. 208
MIAMI, FL 33176

New Mailing Address:

1604 TOWNCENTER BLVD.
SUITE A
WESTON, FL 33326

FEI Number: 65-0900774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ABE LOVE, WILLIAM A M.D.
11440 N. KENDALL DR.
STE 208
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

ABE LOVE, WILLIAM A M.D.
1604 TOWNCENTER BLVD.
SUITE A
WESTON, FL 33326 US

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: WILLIAM A. ANE LOVE, M.D.

09/05/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ABE LOVE, WILLIAM A M.D.
Address: 11440 N. KENDALL DR.
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: ABE LOVE, WILLIAM A M.D.
Address: 1604 TOWNCENTER BLVD. SUITE A
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM A. ABE LOVE, M.D.

DR.

09/05/2009

Electronic Signature of Signing Officer or Director

Date