

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000051169

**Entity Name:** INTERNAL MEDICINE & CLINICAL ANTI-AGING CENTER, LLC

**FILED**  
**May 05, 2020**  
**Secretary of State**  
**8618321568CC**

**Current Principal Place of Business:**

5535 GRAND BLVD  
SUITE C  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

5535 GRAND BLVD  
SUITE C  
NEW PORT RICHEY, FL 34652 US

**FEI Number: 45-0539503**

**Certificate of Status Desired: Yes**

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

FORTNER, FLORENDA L MD  
5535 GRAND BLVD  
SUITE C  
NEW PORT RICHEY, FL 34652 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: FLORENDA L FORTNER**

**05/05/2020**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name FORTNER, FLORENDA MD  
Address 5535 GRAND BLVD, SUITE C  
City-State-Zip: NEW PORT RICHEY FL 34652

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: FLORENDA L FORTNER**

**MGRM**

**05/05/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date