

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051169

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

FILED
Mar 18, 2015
Secretary of State
CC3188300561

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: No

Name and Address of Current Registered Agent:

FORTNER, FLORENDA LMD
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:

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 FORTNER

P

03/18/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date