

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000018253

**Entity Name:** THE AMERICAN INSTITUTE OF PSOROLOGY, LLC

**Current Principal Place of Business:**

667 NW 29TH ST.  
MIAMI, FL 33127

**Current Mailing Address:**

667 NW 29TH ST.  
MIAMI, FL 33127

**FEI Number: 46-2576268**

**Certificate of Status Desired: No**

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

DE LEON, KIRK D ESQ.  
66 W FLAGLER ST.  
SUITE 800  
MIAMI, FL 33130 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 WECK, DAVID  
Address LIFE LABORATORIES,INC., 667 NW  
29TH ST.  
City-State-Zip: MIAMI FL 33127

*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: DAVID WECK

MANAGING MEMBER

03/19/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date