

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000086264

Entity Name: THE MEDICAL INSTITUTE OF ANTI-AGING, LLC

Current Principal Place of Business:

5130 LINTON BLVD
E2
DELRAY BEACH, FL 33484

Current Mailing Address:

5130 LINTON BLVD
E2
DELRAY BEACH, FL 33484 US

FEI Number: 47-4030867

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TERUEL, MARC
5130 LINTON BLVD
E2
DELRAY BEACH, FL 33484 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 MGR
Name TERUEL, MARC
Address 5130 LINTON BLVD
E2
City-State-Zip: DELRAY BEACH FL 33484

Title MANAGER
Name TERUEL, CANDACE
Address 5130 LINTON BLVD
E2
City-State-Zip: DELRAY BEACH FL 33484

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: MARC TERUEL

MANAGER

03/06/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date