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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM A HODGE

Electronic Signature of Signing Officer/Director Detail

Date

04/25/2023

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000010888

Entity Name: THE INSTITUTE OF MOBILITY AND LONGEVITY, INC.

Current Principal Place of Business:

301 WEST PLATT STREET #31 TAMPA, FL 33606

Current Mailing Address:

301 WEST PLATT STREET #31 TAMPA, FL 33606 US

FEI Number: 04-2981081

Name and Address of Current Registered Agent:

HODGE, WILLIAM A MD 301 WEST PLATT STREET #31 TAMPA, FL 33606 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:

Electro

Officer/Director Det

	Title	Ρ	Title	S, T
	Name	HODGE, WILLIAM A MD	Name	HODGE, WILLIAM A MD
	Address	301 WEST PLATT STREET #31	Address	301 WEST PLATT STREET #31
	City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606

ronic Signature of Registered Agent					
tail :					
	Title	S, T			
E, WILLIAM A MD	Name	HODGE, WILLIAM A MD			
EST PLATT STREET	Address	301 WEST PLATT STREET #31			

Certificate of Status Desired: No

FILED Apr 25, 2023 Secretary of State 2575072825CC

Date