

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27116

**Entity Name:** SENIOR L.I.F.T. CENTER, INC.

**Current Principal Place of Business:**

12480 SW 127 AVENUE  
MIAMI, FL 33186

**Current Mailing Address:**

12480 SW 127 AVENUE  
MIAMI, FL 33186 US

**FEI Number:** 65-0128335

**Certificate of Status Desired:** Yes

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

POZEN, IRA  
9130 S. DADELAND BLVD.  
TWO DATRAN CENTER  
MIAMI, FL 33156 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

**Officer/Director Detail :**

Title P  
Name HUDSON, RUTH E  
Address 10825 SW 112AVE # 110  
City-State-Zip: MIAMI FL 33176

Title DVP  
Name GREEN, MARILYN  
Address 10420-6 SW 153 CT  
City-State-Zip: MIAMI FL 33196

Title DT  
Name GRUBER, SHIRLEY  
Address 35250 SW 117 COURT, #88  
City-State-Zip: FLORIDA CITY FL 33034

*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:** RUTH E. HUDSON

**PRESIDENT**

**01/10/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date