

**2016 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:**

SCANZIANI, PAUL J ESQ.  
12464 SW 127 AVE.  
MIAMI, FL 33186 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:** PAUL J. SCANZIANI, ESQ.

03/16/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name JOSEPH, SELVA J  
Address 14678 SW 139 PLACE  
City-State-Zip: MIAMI FL 33186

Title DVP  
Name HELENBROOK, ROSEMARY  
Address 12887 SW 61 TERR.  
City-State-Zip: MIAMI FL 33183

Title DT  
Name TREHARNE, BARBARA  
Address 9844 KENDALL DRIVE  
F107  
City-State-Zip: MIAMI FL 33176

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

*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:** SELVA JOSEPH

**PRESIDENT**

03/16/2016

Electronic Signature of Signing Officer/Director Detail

Date