## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27116

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

Littly Name: Schlon L.I.I . I . Gentlen, 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. 01/14/2019

Electronic Signature of Registered Agent

Date

FILED Jan 14, 2019

**Secretary of State** 

9522060876CC

Officer/Director Detail:

Title P Title VP

Name HELENBROOK, ROSEMARY Name JUNG, JEN FUNG

Address 12887 SW 61 TERRACE Address 13841 SW 112 STREET

City-State-Zip: MIAMI FL 33183 City-State-Zip: MIAMI FL 33186

TitleDTTitleSECRETARYNameTREHARNE, BARBARANameSCOP, JANE

Address 9844 KENDALL DRIVE Address 9940 SW 102 AVE. RD.

F107 City-State-Zip: MIAMI FL 33176

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: BARBARA TREHARNE

Electronic Signature of Signing Officer/Director Detail

**TREASURER** 

01/14/2019

Date