

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132138

Entity Name: THERAPEUTIC LIFE CONCEPTS, INC.

Current Principal Place of Business:

2999 NE 191ST STREET
SUITE 701
AVENTURA, FL 33180

Current Mailing Address:

2999 NE 191ST STREET
SUITE 701
AVENTURA, FL 33180 US

FEI Number: 13-4228254

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, MICHELE
9050 PINES BOULEVARD
STE 386
PEMBROKE PINES, FL 33024 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: MICHELE COHEN

01/16/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name COHEN, MICHELE
Address 9240 WEST BAY HARBOR DRIVE
3C
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title SD
Name KONCSOL, STEPHEN W
Address 13200 SW 32ND COURT
City-State-Zip: DAVIE FL 33330

Title VD
Name KOEDAM, WILHELMINA S
Address 1011 HOLLYWOOD BLVD.
City-State-Zip: HOLLYWOOD FL 33019

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHELE COHEN

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01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date