

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000052010

Entity Name: MED-LIFE INSTITUTE II, CORP

Current Principal Place of Business:

3465 WEST VINE STREET
KISSIMMEE, FL 34741-4668

Current Mailing Address:

3465 WEST VINE STREET
KISSIMMEE, FL 34741-4668 US

FEI Number: 46-2770533

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAUL, NANOUEH S
3465 WEST VINE STREET
KISSIMMEE, FL 34741-4668 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 PAUL, MAX J
Address 3465 WEST VINE STREET
City-State-Zip: KISSIMMEE FL 34741-4668

Title VP
Name PAUL, NANOUEH S
Address 3465 WEST VINE STREET
City-State-Zip: KISSIMMEE FL 34741-4668

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: NANOUEH PAUL

VP

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date