

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000068669

**Entity Name:** SMARTLIFE INSURANCE, INC.

**Current Principal Place of Business:**

10855 S. US1 ROOM 140  
PORT ST LUCIE, FL 34952

**Current Mailing Address:**

671 PINE VALLEY COURT  
EGG HARBOR CITY, NJ 08215 US

**FEI Number:** 82-2203937

**Certificate of Status Desired:** No

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

ST. AUGUSTINE LAW GROUP, P.A.  
2740 US HIGHWAY 1 S  
ST AUGUSTINE, FL 32086 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:** RICHARD L. BROOKS II

01/08/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, VP, S, T, D, C

Name CHERRY, JOSEPH

Address 10855 S. US1 ROOM 140

City-State-Zip: PORT ST LUCIE FL 34952

*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:** JOSEPH CHERRY

MGR

01/08/2020

Electronic Signature of Signing Officer/Director Detail

Date