

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000022271

Entity Name: LIFESTYLE MEDICAL SYSTEMS, INC.

Current Principal Place of Business:

2040 NE 163 STREET
SUITE 302
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

2040 NE 163 STREET
SUITE 302
NORTH MIAMI BEACH, FL 33162

FEI Number: 65-0564947

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRADFORD, JAMES NJR
14160 PALMETTO FRONTAGE ROAD (N.W. 77 CT.)
PRESTIGE OFFICE BUILDING SUITE 32
MIAMI LAKES, FL 33016 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 PSTD
Name SANGERMAN, CRAIG L
Address 2040 NE 163 STREET, STE 302
City-State-Zip: NORTH MIAMI BEACH FL 33162

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: CRAIG SANGERMAN

PRESIDENT

03/09/2016

Electronic Signature of Signing Officer/Director Detail

Date