

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000085633

**Entity Name:** ALPHA LIFE CENTER, LLC

**Current Principal Place of Business:**

2645 EXECUTIVE PARK DR  
STE 650  
WESTON, FL 33334

**Current Mailing Address:**

2645 EXECUTIVE PARK DR  
STE 650  
WESTON, FL 33334 US

**FEI Number:** 46-1960706

**Certificate of Status Desired:** No

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

RODEWALD, ANNE-MARIE  
2645 EXECUTIVE PARK DR  
STE 650  
WESTON, FL 33334 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

**Authorized Person(s) Detail :**

Title MGR  
Name RODEWALD, ANNE-MARIE  
Address 2645 EXECUTIVE PARK DR - STE 650  
City-State-Zip: WESTON FL 33334

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANNE-MARIE RODEWALD

**MANAGER**

**04/14/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date