

2014 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANNE-MARIE RODEWALD

DIRECTOR

03/16/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date