

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000195733

Entity Name: MED-LIFE INSTITUTE WPB LLC

Current Principal Place of Business:

2695 N MILITARY TRAIL
17
WEST PALM BEACH, AL 33409

Current Mailing Address:

2695 N MILITARY TRAIL
SUITE 17
WEST PALM BEACH, FL 33409 US

FEI Number: 47-2647277

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEMUEL, PIERRE
401 NW 46TH AVE
PLANTATION, FL 33317 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	Title	MGR
Name	PIERRE, LEMUEL	Name	JOHNSON, LEN
Address	401 NW 46TH AVE	Address	2695 N MILITARY TRAIL 17
City-State-Zip:	PLANTATION FL 33317	City-State-Zip:	WEST PALM BEACH AL 33409

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: LEN JOHNSON

MGR

02/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date