

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000069

Entity Name: LIFE EXTENSION PHARMACY, INC.

Current Principal Place of Business:

5990 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33308

Current Mailing Address:

5990 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33308

FEI Number: 20-4006694

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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 D
Name FALOON, WILLIAM
Address 3600 W. COMMERCIAL BLVD
City-State-Zip: LAUDERDALE FL 33309

Title PST
Name MURRAY, JAMES D
Address 3600 W. COMMERCIAL BLVD.
City-State-Zip: LAUDERDALE FL 33309

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: JAMES D. MURRAY

PRESIDENT

04/13/2017

Electronic Signature of Signing Officer/Director Detail

Date