

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000004311

1. Entity Name
LIFE SERA, INC.



FILED

05 FEB -4 PM 5:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

Principal Place of Business

5655 SPALDING DRIVE
NORCROSS, GA 30092 US
736 PARK NORTH BLVD STE 100
CLARKSTON, GA 30021

Mailing Address

5655 SPALDING DRIVE
NORCROSS, GA 30092 US

← SAME



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2142226

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CD
NAME MANUSU, JOHN
STREET ADDRESS 736 PARK NORTH BLVD, SUITE 100
CITY-ST-ZIP CLARKSTON, GA 30021

TITLE CEO
NAME NAIR, D HARI DR
STREET ADDRESS 736 PARK NORTH BLVD, SUITE 100
CITY-ST-ZIP CLARKSTON, GA 30021

TITLE PSD
NAME RUESSELER, WOLFGANG DR
STREET ADDRESS 736 PARK NORTH BLVD, SUITE 100
CITY-ST-ZIP CLARKSTON, GA 30021

TITLE VP
NAME TOLMAN, CYNTHIA R
STREET ADDRESS 736 PARK NORTH BLVD, SUITE 100
CITY-ST-ZIP CLARKSTON, GA 30021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600046657786
02/15/05--01052--041 **150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WOLFGANG
RUESSELER

01/28/05

Date

Daytime Phone #

404-736-2705