FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 11:14

DOCUMENT # K81585 (7)

1. Corporation Name
L.I.F.E. OF MIAMI, INC.

Principal Place of Business	Mailing Address
C/O TRUMAN A. SKINNER 9130 S. DADELAND BLVD., STE. 1509 MIAMI FL 33156	C/O TRUMAN A. SKINNER 9130 S. DADELAND BLVD., STE. 1509 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1989
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 TRACEY A. SKINNER	26 TRACEY A. SKINNER
Suite, Apt. #, etc. 22 4675 PONCE DE LEON BLVD. STE 305	Suite, Apt. #, etc. 27 4675 PONCE DE LEON BLVD. STE 305
City & State 23 CORAL GABLES, FLORIDA	City & State 28 CORAL GABLES, FLORIDA
Zip 24 33146 County 25 USA	Zip 29 33146 County 30 USA

4. FEI Number: 65-0273268 — Applied For ☐ Not Applicable ☐

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under F.S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SKINNER, TRUMAN A. TWO DATRAN CENTER, STE. 1509 9130 SOUTH DADELAND BLVD. MIAMI FL 33156	81 Name: SKINNER, TRACEY A. 82 Street Address (P.O. Box Number is Not Acceptable): 4675 PONCE DE LEON BOULEVARD, Suite 305 83 RIVERA Professional Building 84 City: CORAL GABLES FL 85 Zip Code: 33146

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (DATE)
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	COATS, PATRICK	12 NAME	
STREET ADDRESS	5910 S.W. 58TH TERRACE	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	COATS, MARK	22 NAME	
STREET ADDRESS	5910 S.W. 58TH TERRACE	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	COATS, ANTOINETTE	32 NAME	
STREET ADDRESS	5910 S.W. 58TH TERRACE	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patrick D. Coats PATRICK D. COATS June 15, 1995 235-6736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0166648 CP