


2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0608973 AV

DOCUMENT # L49917

1. Entity Name
SOUTHERN LIFE & HEALTH INC



FILED

04 JAN 26 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**56 SW RIVERWAY BLVD.
PALM CITY FL 34990
US**

Mailing Address
**30 SW RIVERWAY BLVD.
PALM CITY FL 34990
US**



2. Principal Place of Business
3834 Greenway Dr

3. Mailing Address
3834 Greenway Dr

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Jupiter FL

City & State
Jupiter FL

Zip
33458 Country
Palm Beach

Zip
33458 Country
Palm Beach

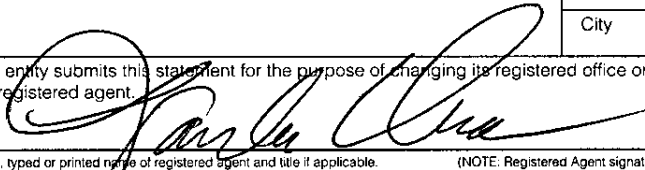
4. FEI Number **65-0182836** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SUSSMAN, LAWRENCE
56 SW RIVERWAY BLVD.
PALM CITY FL 34990**

7. Name and Address of New Registered Agent
Name **Wanda Dirks**
Street Address (P.O. Box Number is Not Acceptable)
3834 Greenway Dr.
City **Jupiter** FL Zip Code **33458**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE BB NAME SUSSMAN, LAWRENCE STREET ADDRESS 56 SW RIVERWAY BLVD. CITY-ST-ZIP PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE VPT NAME SUSSMAN, LAWRENCE STREET ADDRESS 56 SW RIVERWAY BLVD. CITY-ST-ZIP PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME WANDA DIRKS STREET ADDRESS 3834 Greenway Dr. CITY-ST-ZIP Jupiter FL 33458	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPT NAME Lawrence Sussman STREET ADDRESS 3834 Greenway Dr. CITY-ST-ZIP Jupiter FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SEC NAME Steve Sussman STREET ADDRESS 3834 Greenway Dr. CITY-ST-ZIP Jupiter FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **1-02-04** DAYTIME PHONE # **772-221-9524**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)