2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L49917

1. Entity Name
SOUTHERN LIFE & HEALTH INC

Principal Place of Business	Mailing Address
3834 GREENWAY DR JUPITER, FL 33458 US	3834 GREENWAY DR JUPITER, FL 33458 US

04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

DIRKS, WANDA
3834 GREENWAY DR
JUPITER, FL 33458

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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: Wanda Dirks 4/12/05
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 Fee

U00000305011
04/14/05-80066-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DIRKS, WANDA
STREET ADDRESS	3834 GREENWAY DR
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	VPT
NAME	SUSSMAN, LAWRENCE
STREET ADDRESS	3834 GREENWAY DR
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	S
NAME	SUSSMAN, STEVE
STREET ADDRESS	3834 GREENWAY DR
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: Wanda Dirks 4/12/05 (561) 352-7461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #