

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009620

FILED
Apr 11, 2012
Secretary of State

Entity Name: SECURED HEALTH AND LIFE INC.

Current Principal Place of Business:

6600 NW 16TH ST
STE 5
PLANTATION, FL 33313

New Principal Place of Business:

6600 NW 16TH STREET
STE 5
PLANTATION, FL 33313 US

Current Mailing Address:

6600 NW 16TH ST
STE 5
PLANTATION, FL 33313

New Mailing Address:

6600 NW 16TH STREET
STE 5
PLANTATION, FL 33313 US

FEI Number: 26-4123872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REBECCA GILLISPIE
6600 NW 16TH STREET
STE 5
PLANTATION, FL 33313 US

Name and Address of New Registered Agent:

SAFINA, JOSEPH
6600 NW 16TH STREET
STE 5
PLANTATION, FL 33313 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: JOSEPH SAFINA

04/11/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P, D
Name: SAFINA, JOSEPH
Address: 6600 NW 16TH ST, STE 5
City-St-Zip: PLANTATION, FL 33313 US

Title: D
Name: KMASTER, HOWARD
Address: 6600 NW 16TH ST, STE 5
City-St-Zip: PLANTATION, FL 33313

Title: S
Name: KMASTER, ROBYN
Address: 6600 NW 16TH ST, STE 5A
City-St-Zip: PLANTATION, FL 33313

Title: VPD
Name: SAAVEDRA, JORGE
Address: 6600 NW 16TH STREET, STE 5
City-St-Zip: PLANTATION, FL 33313 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH SAFINA

P, D

04/11/2012

Electronic Signature of Signing Officer or Director

Date