2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003621

Entity Name: INDEPENDENT LIFESTYLES OF SARASOTA, INC.

FILED Apr 02, 2011 Secretary of State

| Current Principal Place of Business: | | New Principal Place of | New Principal Place of Business: | |
|---|--|--|---|--|
| 47 S PALM AVE STE 202 SARASOTA, FL 34236 | | 47 S PALM AVE SUITE 202 SARASOTA, FL 34236 | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 47 S PALM AVE STE 202 SARASOTA, FL 34236 | | 47 S PALM AVE SUITE 202 SARASOTA, FL 34236 | | |
| FEI Number: 76-0712766 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of N | Name and Address of New Registered Agent: | |
| CURRIN, PETER T 200 S ORANGE AVE SARASOTA, FL 34236 | US | | | |
| The above named entity s in the State of Florida. | submits this statement for the p | ourpose of changing its registered c | ffice or registered agent, or both | |
| SIGNATURE: | | | | |
| | Electronic Signature of Registered Agent | | Date | |

Title:

Name: PETERS, CHAREESE 47 S. PALM AVE, STE 202 Address: City-St-Zip: SARASOTA, FL 34236

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 required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHAREESE PETERS Ρ 04/02/2011