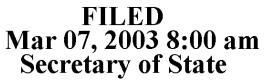
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P02000126073



YOUR LI	FE HEALTH CENTER, CO	ORP.			03-07-2003 90116 008 ***150.00	
4907 NE 9 A	ace of Business IVE STE B ARK FL 33334	4907 NE	Address 9 AVE STE B D PARK FL 333	34		
2. Principal	Place of Business	3. Mailin	g Address			
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES	
City & Sta	ate	City & State			4. FEI Number 67, 1/29 0/7 Applied For	
Zip	Country	Zip		Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered	Agent		7. Name and Address of New Registered Agent	
		-		Name		
RAFFO C	CRISTIANE A				•	
RAFFO, CRISTIANE A 4907 NE 9 AVE STE B				Street Address (P.O. Box Number is Not Acceptable)		
OAKLAND	PARK FL 33334					
				City	FL Zip Code	
the obliga	3				stered agent, or both, in the State of Florida. I am familiar with, and accept	
		он ана вае и аррасар		E: Registered Agent signature requ	ired when reinstating) DATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 c Payable to Florida Department	0	~-	ر سمه سید در شد	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
					Added to rees	
10.		ID DIRECTORS	·	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT \$ RAFFO, CRISTIANE A 4907 NE 9 AVE STE B OAKLAND PARK FL 33334		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE Name Street address City-St-Zip	S RAFFO, CRISTIANE A 4907 NE 9 AVE STE B OAKLAND PARK FL 33334		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
ITLE IAME STREET ADDRESS SITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: