

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000143272

FILED
Jan 07, 2006
Secretary of State

Entity Name: BACK TO LIFE, PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

PALMS MEDICAL CENTER
11903 SOUTHERN BLVD STE 212
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

PALMS MEDICAL CENTER
11903 SOUTHERN BLVD STE 212
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GLOBERMAN, ARI
2078 SUNDERLAND AVE.
WELLINGTON, FL, FL 33414 US

Name and Address of New Registered Agent:

GLOBERMAN, ARI
2040 GREENVIEW SHORES BLVD.
207
WELLINGTON, FL, FL 33414 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: ARI GLOBERMAN

01/07/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: GLOBERMAN, ARI
Address: 2078 SUNDERLAND AVE
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: GLOBERMAN, ARI
Address: 2040 GREENVIEW SHORES BLVD. #207
City-St-Zip: WELLINGTON, FL 33414 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARI GLOBERMAN

CEO

01/07/2006

Electronic Signature of Signing Officer or Director

Date