

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000021404

FILED
Mar 05, 2011
Secretary of State

Entity Name: CENTER FOR LIFE TRANSITIONS, P.A.

Current Principal Place of Business:

1505 S.E. 40TH STREET, SUITE E.
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

1505 S.E. 40TH STREET, SUITE E.
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 26-2094824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEGALL, WILLIAM R VP
925 SE 23RD AVE
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: STEGALL, CONSTANCE A
Address: 1505 S.E. 40TH STREET, SUITE E.
City-St-Zip: CAPE CORAL, FL 33904 US

Title: TRES
Name: MCNEILL, JOHN P
Address: 2 SEQUOIA TR
City-St-Zip: HIGHLAND MILLS, NY 10930 US

Title: SECT
Name: CORRADO, KIMBERLY S
Address: 701 ASHFORD CIRCLE
City-St-Zip: BREWSTER, NY 10509 US

Title: DIR
Name: STEGALL, CONSTANCE A
Address: 1505 S.E. 40TH STREET, SUITE E.
City-St-Zip: CAPE CORAL, FL 33904 US

Title: VP
Name: STEGALL, WILLIAM R VP
Address: 925 SE 23RD AVE
City-St-Zip: CAPE CORAL, FL 33990 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CONSTANCE A STEGALL

PRES

03/05/2011

Electronic Signature of Signing Officer or Director

Date