

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000068843

FILED
Sep 16, 2010
Secretary of State

Entity Name: GOOD LIFE MEDICAL CENTER INC

Current Principal Place of Business:

4655 PALM AVE
APT 131
HIALEAH, FL 33012

New Principal Place of Business:

4995 NW 72 AVE
STE 410
MIAMI, FL 33166

Current Mailing Address:

4655 PALM AVE
APT 131
HIALEAH, FL 33012

New Mailing Address:

4995 NW 72 AVE
STE 410
MIAMI, FL 33166

FEI Number: 27-0794056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENUELA, DAMARIS A
4655 PALM AVE
APT 131
HIALEAH, FL 33012 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: P
Name: PENUELA, DAMARIS A
Address: 4655 PALM AVE APT 131
City-St-Zip: HIALEAH, FL 33012

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: DAMARIS PENUELA

PD

09/16/2010

Electronic Signature of Signing Officer or Director

Date