

P090000102217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

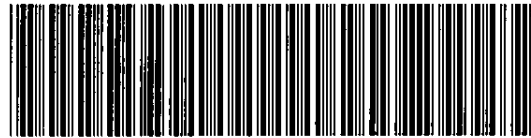
(Business Entity Name)

(Document Number)

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@ 11/17/10

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: key to life therapies inc.  
Name of Corporation

DOCUMENT NUMBER: p09000102217

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMIE TOMAS  
Name of Contact Person

key to life therapies  
Firm/Company

105 n. county rd. suite 200  
Address

palm beach, fl. 33480  
City/State and Zip Code

INFO@LYMANBRADFORD.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMIE TOMAS at ( 561 ) 655-1000  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 7, 2010

THOMAS TOMAS  
KEY TO LIFE THERAPIES INC.  
105 N. COUNTY RD., SUITE 200  
PALM BEACH, FL 33480

SUBJECT: KEY TO LIFE THERAPIES INC.  
Ref. Number: P09000102217

We have received your document for KEY TO LIFE THERAPIES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 810A00023766

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: key to life therapies inc.
2. The principal office address: 105 n. county rd. suite 200  
palm beach, fl. 33480
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12-23-2009 Document number: p09000102217

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Andrea L. Johnson attorney at law p.a.  
1340 us hwy. 1  
jupiter, fl. 33469

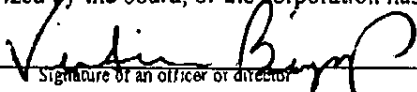
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Lyman S. Bradford IV P.A.  
801 northpointe parkway suite 17  
P.O. Box NOT acceptable  
west palm beach, fl 33407

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Victoria Briggs, VP  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
Signature of Registered Agent

11-15-10  
Date

If signing on behalf of an entity:

Lyman S. Bradford IV P.A.  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314