

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000049952

FILED
Mar 29, 2012
Secretary of State

Entity Name: MEDLIFE COVERAGE, CORP

Current Principal Place of Business:

12744 SW 49 COURT
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

P.O. BOX: 173464
HIALEAH, FL 33017

New Mailing Address:

FEI Number: 27-2876137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONSALVE, LUIS
12744 SW 49 COURT
MIRAMAR, FL 33027 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: MONSALVE, LUIS
Address: P.O. BOX: 173464
City-St-Zip: HIALEAH, FL 33017

Title: VP
Name: MONSALVE, LUIS
Address: P.O. BOX: 173464
City-St-Zip: HIALEAH, FL 33017

Title: S
Name: MONSALVE, LUIS
Address: P.O. BOX: 173464
City-St-Zip: HIALEAH, FL 33017

Title: T
Name: MONSALVE, LUIS
Address: P.O. BOX: 173464
City-St-Zip: HIALEAH, FL 33017

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: LUIS MONSALVE

P

03/29/2012

Electronic Signature of Signing Officer or Director

Date