

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000096327

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA HEALTH & LIFE ASSOCIATES INC.

**Current Principal Place of Business:**

1605 BAY ROAD, #407  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1605 BAY ROAD, #407  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 45-3815750

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

CLAUDIO, ROBERT PSD  
1605 BAY ROAD# 407  
MIAMI BEACH, FL 33139 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: ROBERT CLAUDIO

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: CLAUDIO, ROBERT  
Address: 1605 BAY ROAD, #407  
City-St-Zip: MIAMI BEACH, FL 33139

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: ROBERT CLAUDIO

PSD

04/30/2012

Electronic Signature of Signing Officer or Director

Date