

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000042490

Entity Name: LIFE ASSOCIATES, INC.

FILED
Feb 13, 2012
Secretary of State

Current Principal Place of Business:

1004 COLLIER CENTER WAY
NORTH COLLIER CORP. CENTER I, SUITE 106
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

C/O HENDERSON FRANKLIN
P.O. BOX 280
FORT MYERS, FL 339020280

New Mailing Address:

1004 COLLIER CENTER WAY
NORTH COLLIER CORP. CENTER I, SUITE 106
NAPLES, FL 34110

FEI Number: 65-0423454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNOR, MICHAEL J
1004 COLLIER CENTER WAY
NORTH COLLIER CORP. CENTER I, SUITE 106
NAPLES, FL 34110 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: DP
Name: O'CONNOR, MICHAEL J
Address: 1004 COLLIER CENTER WAY, SUITE 106
City-St-Zip: NAPLES, FL 34110

Title: D
Name: O'CONNOR, KEVIN
Address: 1004 COLLIER CENTER WAY, SUITE 106
City-St-Zip: NAPLES, FL 34110

Title: DVST
Name: O'CONNOR, MARY ANN
Address: 1004 COLLIER CENTER WAY, SUITE 106
City-St-Zip: NAPLES, FL 34110

Title: D
Name: HILL, KARA
Address: 1004 COLLIER CENTER WAY, SUITE 106
City-St-Zip: NAPLES, FL 34110

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: MICHAEL O'CONNOR

D

02/13/2012

Electronic Signature of Signing Officer or Director

Date