2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008
Secretary of State

DOCUMENT# P97000015334

Entity Name: CENTER OF LIFE HEALTH, INC.

Current Principal Place of Business:

611 FEDERAL HWY
H
STUART, FL 34994

New Principal Place of Business:

322 S.W.OCEAN BLVD
STUART, FL 34994

Current Mailing Address:

611 FEDERAL HWY
H
STUART, FL 34994

New Mailing Address:

322 SW OCEAN BLVD.
STUART, FL 34994

FEI Number: 65-0756183 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FULLER, KATHLEEN
611 S. FEDERAL HWY
STUART, FL 34994 US

Name and Address of New Registered Agent:

FULLER, KATHLEEN
322 S.W. OCEAN BLVD.
STUART, FL 34994 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: 02/22/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: FULLER, KATHLEEN
Address: 611 S FEDERAL HWY STE 6
City-St-Zip: STUART, FL 34994

Title: T ( ) Delete
Name: CROUCH, SHANNON
Address: 97214 ARBIR OAKS LANE
City-St-Zip: BOCA RATON, FL 33428

Title: V ( ) Delete
Name: CROUCH, DANIELLE
Address: 322 W OCEAN BLVD
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: FULLER, KATHLEEN
Address: 322 S.W. OCEAN BLVD
City-St-Zip: STUART, FL 34994

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN FULLER DIRE 02/22/2008
Electronic Signature of Signing Officer or Director — Date