

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000015334

FILED
Apr 22, 2011
Secretary of State

Entity Name: CENTER OF LIFE HEALTH, INC.

Current Principal Place of Business:

322 S.W.OCEAN BLVD
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

322 S.W.OCEAN BLVD
STUART, FL 34994

New Mailing Address:

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
322 S.W. OCEAN BLVD.
STUART, FL 34994 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: PSTD
Name: FULLER, KATHLEEN
Address: 322 S.W. OCEAN BLVD
City-St-Zip: STUART, FL 34994

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

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

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: KATHLEEN FULLER

DIRE

04/22/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date