

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000015334

**FILED**  
**Mar 03, 2012**  
**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:**

322 S.W.OCEAN BLVD  
STUART, FL 34994 UN

**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

PTSD

03/03/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date