

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011881

FILED  
May 01, 2010  
Secretary of State

Entity Name: IGNITE LIFE CENTER INC.

**Current Principal Place of Business:**

404 NORTHWEST 14TH AVENUE  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

404 NORTHWEST 14TH AVENUE  
GAINESVILLE, FL 32601

**New Mailing Address:**

FEI Number: 26-1552854      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: VARGAS, DAVID  
Address: 404 NORTHWEST 14TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32601

Title: PD  
Name: VEGA, MARK  
Address: 404 NORTHWEST 14TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32601

Title: SD  
Name: VEGA, LISA  
Address: 404 NORTHWEST 14TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32601

Title: T  
Name: LUVIS, EUNICE  
Address: 404 NORTHWEST 14TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32601

Title: D  
Name: SALAZAR, JOEL  
Address: 404 NW 14TH AVE  
City-St-Zip: GAINESVILLE, FL 32601

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISA VEGA

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05/01/2010

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

\_\_\_\_\_  
Date