2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2013
Secretary of State
CC9316051709

DOCUMENT# N04000008706

Entity Name: L.I.F.E. RESTORATION CENTER, CORP

Current Principal Place of Business:

2905 N. 50TH STREET
TAMPA, FL 33612

Current Mailing Address:

P.O. BOX 46451
TAMPA, FL 33646 US

FEI Number: 73-1716765

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROOKS, TARRELLE LPASTOR
2905 N. 50TH STREET
TAMPA, FL 33612 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

Officer/Director Detail :

Title	D	Title	O
Name	BROOKS, TARRELLE	Name	BROOKS, LETITIA
Address	P.O. BOX 46451	Address	P.O. BOX 46451
City-State-Zip:	TAMPA FL 33646	City-State-Zip:	TAMPA FL 33646

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: TARRELLE BROOKS DIRECTOR 04/16/2013

Electronic Signature of Signing Officer/Director Detail — Date