

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004838

**Entity Name:** FAMILY LIFE CENTER, INC.

**Current Principal Place of Business:**

7205 SW 125 AVE  
MIAMI, FL 33183

**Current Mailing Address:**

7205 SW 125 AVE  
MIAMI, FL 33183

**FEI Number:** 20-2991706

**Certificate of Status Desired:** Yes

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

MARTINEZ, ESPERANZA  
5900 SW 125 AVE  
3204  
MIAMI, FL 33183 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 P  
Name GARCIA, CHRISTIAN  
Address 1450 SW 153 PATH  
City-State-Zip: MIAMI FL 33194

Title SECRETARY  
Name RAMIS, PETER  
Address 11486 SW 75 TERRACE  
City-State-Zip: MIAMI FL 33173

Title DIRECTOR  
Name MARTA, RESTREPO  
Address 9361 SW 220 TERRACE  
City-State-Zip: MIAMI FL 33190

*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:** CHRISTIAN GARCIA

**PRESIDENT**

**03/08/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date