

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000003026

Entity Name: JOSHUA JOEL SMA LIFE INC.**Current Principal Place of Business:**9407 SW 56TH PLACE
GAINESVILLE, FL 32608**Current Mailing Address:**PO BOX 141833
GAINESVILLE, FL 32614-1833 US**FEI Number:** 45-4145005**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FLETCHER, PATRICE
9407 SW 56TH PLACE
GAINESVILLE, FL 32608 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	CEO
Name	FLETCHER, PATRICE
Address	9407 SW 56TH PLACE
City-State-Zip:	GAINESVILLE FL 32608

Title	VP
Name	FLETCHER, IAN
Address	9407 SW 56TH PLACE
City-State-Zip:	GAINESVILLE FL 32608

Title	T
Name	WHITE, TODD EDR.,PHD
Address	2356 LOREN FALLS LANE SW
City-State-Zip:	MARIETTA GA 30310

Title	S
Name	PHILLIPS, AYANNA CARLA NDR.,DVM
Address	#5 7TH STREET EAST CASSLETON AVENUE
City-State-Zip:	TRINCITY

Title	OFFICER
Name	FLETCHER, JULIA GECELYN
Address	9407 SW 56TH PLACE
City-State-Zip:	GAINESVILLE FL 32608

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: IAN FLETCHER

VP

04/12/2015

Electronic Signature of Signing Officer/Director Detail_____
Date