

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000004000

**Entity Name:** THE LIFE CENTER OF MIRAMAR, INC.

**Current Principal Place of Business:**

11902 MIRAMAR PARKWAY  
MIRAMAR, FL 33025

**Current Mailing Address:**

11902 MIRAMAR PARKWAY  
MIRAMAR, FL 33025 US

**FEI Number:** 45-5082029

**Certificate of Status Desired:** No

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

ROBERTS, RENEE L  
13196 SW 29TH STREET  
MIRAMAR, FL 33027 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 ROBERTS, CAL X  
Address 13196 SW 29TH STREET  
City-State-Zip: MIRAMAR FL 33027

Title VP  
Name ROBERTS, RENEE L  
Address 13196 SW 29TH STREET  
City-State-Zip: MIRAMAR FL 33027

Title D  
Name ROBERTS, BRYAN D  
Address 13196 SW 29TH STREET  
City-State-Zip: MIRAMAR FL 33027

Title D  
Name ROBERTS, CAL II X  
Address 13196 SW 29TH STREET  
City-State-Zip: MIRAMAR FL 33027

Title D  
Name SMITH, WENDY L  
Address 17961 SW 33RD STREET  
City-State-Zip: MIRAMAR FL 33029

Title DIRECTOR  
Name INGS, ROBERT L  
Address 2439 CENTERGATE DRIVE  
#105  
City-State-Zip: MIRAMAR FL 33025

*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:** RENEE ROBERTS

VP

04/30/2015

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

\_\_\_\_\_  
Date