

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000021404

Entity Name: CENTER FOR LIFE TRANSITIONS, P.A.

Current Principal Place of Business:

1505 S.E. 40TH STREET, SUITE E.
CAPE CORAL, FL 33904

Current Mailing Address:

1505 S.E. 40TH STREET, SUITE E.
CAPE CORAL, FL 33904 US

FEI Number: 26-2094824

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STEGALL, WILLIAM RVP
925 SE 23RD AVE
CAPE CORAL, FL 33990 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 PRES
Name STEGALL, CONSTANCE A
Address 1505 S.E. 40TH STREET, SUITE E.
City-State-Zip: CAPE CORAL FL 33904

Title TRES
Name MCNEILL, JOHN P
Address 2 SEQUOIA TR
City-State-Zip: HIGHLAND MILLS NY 10930

Title SECT
Name SANTERRE, KIMBERLY S
Address 24 READING RD
City-State-Zip: PATTERSON NY 12563

Title DIR
Name STEGALL, CONSTANCE A
Address 1505 S.E. 40TH STREET, SUITE E.
City-State-Zip: CAPE CORAL FL 33904

Title VP
Name STEGALL, WILLIAM RVP
Address 925 SE 23RD AVE
City-State-Zip: CAPE CORAL FL 33990

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

SIGNATURE: CONSTANCE STEGALL

OWNER

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date