

**2022 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:**

SANTERRE, KIMBERLY 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:** KIMBERLY SANTERRE

04/23/2022

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 SANTERRE, KIMBERLY  
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 A STEGALL

PRES

04/23/2022

Electronic Signature of Signing Officer/Director Detail

Date