

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000041689

**Entity Name:** L.I.F.E. CENTER FOR HEALING & GROWTH INC.

**Current Principal Place of Business:**

12360 SW 132 CT  
SUITE 113  
MIAMI, FL 33186

**Current Mailing Address:**

12360 SW 132 CT  
SUITE 113  
MIAMI, FL 33186 US

**FEI Number:** 47-3971450

**Certificate of Status Desired:** No

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

SILVERIO, JENNY  
12325 SW 148 TERR  
MIAMI, FL 33186 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 D/P  
Name SILVERIO, JENNY  
Address 12325 SW 148 TERR  
City-State-Zip: MIAMI FL 33186

*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:** JENNY SILVERIO

D/P

02/13/2023

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

\_\_\_\_\_ Date