

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000015334

**FILED  
Jan 28, 2014  
Secretary of State  
CC5499599807**

**Entity Name:** CENTER OF LIFE HEALTH, INC.

**Current Principal Place of Business:**

322 S.W.OCEAN BLVD  
STUART, FL 34994

**Current Mailing Address:**

322 S.W.OCEAN BLVD  
STUART, FL 34994

**FEI Number: 65-0756183**

**Certificate of Status Desired: No**

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

FULLER, KATHLEEN  
322 S.W. OCEAN BLVD.  
STUART, FL 34994 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 PSTD  
Name FULLER, KATHLEEN  
Address 322 S.W. OCEAN BLVD  
City-State-Zip: STUART FL 34994

Title T  
Name CROUCH, SHANNON  
Address 97214 ARBIR OAKS LANE  
City-State-Zip: BOCA RATON FL 33428

Title V  
Name CROUCH, DANIELLE  
Address 322 W OCEAN BLVD  
City-State-Zip: STUART FL 34994

*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: KATHLEEN FULLER**

**PRESIDENT**

**01/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date