

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000015334

FILED
Feb 13, 2015
Secretary of State
CC6036981418

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

02/13/2015

Electronic Signature of Signing Officer/Director Detail

Date