

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000048609

**Entity Name:** LIFEFORCE PEDIATRIC THERAPY INC.

**Current Principal Place of Business:**

337 SW CHERRYHILL RD  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

337 SW CHERRYHILL RD  
PORT ST. LUCIE, FL 34953

**FEI Number:** 46-2820511

**Certificate of Status Desired:** No

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

ESSE, SHIRLEY A  
337 SW CHERRYHILL RD  
PORT ST. LUCIE, FL 34953 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  
Name            ESSE, SHIRLEY A  
Address        337 SW CHERRYHILL RD  
City-State-Zip: PORT ST. LUCIE FL 34953

*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:** SHIRLEY A ESSE

**PRESIDENT**

**02/28/2014**

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

\_\_\_\_\_  
Date