

2015 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

01/13/2015

Electronic Signature of Signing Officer/Director Detail

Date