No. C 198850		Due no later than Jun 30, 2014	2. Registered Agent and Address (NO PO BOX) BILL DEAL 700 W STATE FL 3 BOISE ID 83702 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed.				
		LIBERTY HEALTH & LIFE, INC. DREW MEYER 3620 ENTERPRISE WAY MIRAMAR FL 33025				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Names	s and Busine	ess Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held N	ame	Street or PO Address	City	State	Country	Postal Code
PRESIDENT DI	REW MEYE	R 3620 ENTERPRISE WAY	MIRAMAR	FL	USA	33025
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
R.		Signature: Drew Meyer	Date: 09/22/2014			
C 198850		Name (type or print): Drew Meyer	Title: President			
* Electronically provided signatures are accepted as original signatures.						