

No. <b>C 198850</b>		<b>Due no later than Jun 30, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  LIBERTY HEALTH & LIFE, INC. DREW MEYER 3620 ENTERPRISE WAY MIRAMAR FL 33025		BILL DEAL 700 W STATE FL 3 BOISE ID 83702			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DREW MEYER	3620 ENTERPRISE WAY	MIRAMAR	FL	USA	33025	
5. Organized Under the Laws of:  <b>FL</b> <b>C 198850</b>		6. Annual Report must be signed.*  Signature: Drew Meyer Name (type or print): Drew Meyer					
		Date: 07/17/2015 Title: President					
Processed 07/17/2015      * Electronically provided signatures are accepted as original signatures.							