

Organization ID # 1185262

State of origin FL

Filing fee \$15.00

# Commonwealth of Kentucky

## Michael G. Adams, Secretary of State



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ARP

Michael G. Adams  
Secretary of State  
P. O. Box 1150  
Frankfort, KY 40602-1150  
(502) 564-3490  
<http://www.sos.ky.gov>

### 60 Day Notice Annual Report

August 4, 2023  
Must be received by October 3, 2023

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
9/19/2023 9:58 AM  
Fee Receipt: \$15.00

**Exact professional service corporation name and principal office address**

LIFEFORCE MEDICAL P.A., PSC  
100 WILSHIRE BOULEVARD  
SUITE 700  
SANTA MONICA CA 90401

The principal office address and registered agent name/office address cannot be changed on this form. You can file online at <https://web.sos.ky.gov/bussearchnprofile/search> or forms can be downloaded from our website.

**Registered Agent and Registered Office Address**

COGENCY GLOBAL INC.  
828 LANE ALLEN RD  
STE 219  
LEXINGTON, KY 40504

**Principal Officers** - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

President Russell Van Maele

Vice-President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

**Directors** - List the name And address of all directors (if applicable). No listing of directors Is verification that the corporation has dispensed with directors. If Not specified, director addresses default to the principal office address.

Russell Van Maele

**Shareholders** - List the name and address of the corporation's shareholders. If not specified, shareholder addresses default to the principal office address.

DocuSigned by:

\_\_\_\_\_

Signature of officer or chairman of the board (Required)

PRESIDENT & INCORPORATOR

Title (Required)

9/18/2023

Date (Required)

**Certificate of Professional Service Corporation**

I, president of said corporation, certify that all the shareholders, Not less than half of the directors, And all officers other than secretary And treasurer of the professional service corporation are duly qualified as provided in KRS Chapter 274 And a copy of such annual report has been filed with the regulating board that licenses the shareholders described in this certificate.

I hereby certify that I am authorized to submit this annual report, And I declare under penalty of perjury under the laws of Kentucky that the forgoing Is true And correct as of today.

**FINAL REMINDER:** Failure to file your annual report by October 3, 2023 by 4:30pm (EST) will result in revocation of authority.

**TO AVOID HAVING TO REQUALIFY, SAVE TIME, FILE ONLINE:** <https://web.sos.ky.gov/fasttrack/FileARP.aspx?ctr=1192182> OR sign and return to the Office with the required \$15.00 filing fee no later than October 3, 2023.

To file via mail

- Confirm the information Is correct.
- Make changes by writing on this annual report, or by submitting an attachment w ith the signed report.
- The signed annual report, any attachments and filing fee (payable to the Kentucky State Treasurer) **must be received in the Office by October 3, 2023**
- If you file and pay online, do not return this document to the Secretary of State.