# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **721746** **(6)**

1. Corporation Name

**LIFE MANAGEMENT CENTER OF NORTHWEST FLORIDA, INC**

| Principal Place of Business | Mailing Address |
|---|---|
| 525 EAST 15TH STREET<br>PANAMA CITY FL 32405 | 525 EAST 15TH STREET<br>PANAMA CITY FL 32405 |

| | |
|---|---|
| 3. Date Incorporated or Qualified: 09/21/1971 | 3a. Date of Last Report: 02/16/1995 |
| 4. FEI Number: 59-1375195 | ☐ Applied For ☐ Not Applicable |
| 5. Certificate of Status Desired ☒ | $8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

HAMPTON, PETER T. PH. D.
525 EAST 15TH ST
PANAMA CITY FL 32405

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>RUSS, MINNIE W.<br>PO BOX 666/101 DAWKINS ST<br>VERNON FL | ☒ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | PD<br>Daniel S. Smith<br>405 Wisconsin Avenue<br>Lynn Haven, FL 32444 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>EVANS, KATHLEEN<br>4479 RIVER ROAD<br>MARIANNA FL | ☒ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | DT<br>Curtis Jackson<br>3712 Shoreline Circle<br>Panama City, FL 32405 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>SMITH, DANIEL S.<br>405 WISCONSIN AVE<br>LYNN HAVEN FL | ☒ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | DV<br>James L. Gautier<br>1511 Illinois Avenue<br>Lynn Haven, FL 32444 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FISHEL, JOHN II<br>304 MAGNOLIA AVE.<br>PANAMA CITY FL | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | D<br>John Fishel II<br>209 E. 4th Street<br>Panama City, FL 32401 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FLYNN, WILLIAM H. MD<br>2619 W. 23RD STREET<br>PANAMA CITY FL | ☒ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | D<br>John Brady<br>192 Treasure Palm Drive<br>Panama City Beach, FL 32408 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>NAKAMURA, GENE<br>107 GREENWOOD DRIVE<br>PANAMA CITY FL | ☒ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | DS<br>Janice C. Hall<br>807 Buena Vista Boulevard<br>Panama City, FL 32401 | ☐ Change ☒ Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____ Daniel S. Smith 1-24-96 904-872-3844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)