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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 PANAMA CITY FL 32405	525 EAST 15TH STREET PANAMA CITY FL 32405-5412

3. Date Incorporated or Qualified: 09/21/1971
3a. Date of Last Report: 02/05/1996

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

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

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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, DANIEL S		1.2 NAME		
STREET ADDRESS	405 WISCONSIN AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL		1.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JACKSON, CURTIS		2.2 NAME		
STREET ADDRESS	3712 SHORELINE CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GAUTIER, JAMES L		3.2 NAME		
STREET ADDRESS	1511 ILLINOIS AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	DS	☐ Change ☒ Addition
NAME	FISHEL, JOHN I		4.2 NAME	CRAWFORD, YVETTE	
STREET ADDRESS	209 EAST 4TH STREET		4.3 STREET ADDRESS	2721 RAVENWOOD COURT	
CITY-ST-ZIP	PANAMA CITY FL		4.4 CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRADY, JOHN		5.2 NAME		
STREET ADDRESS	192 TREASURE PALM DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL		5.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	HALL, JANICE C		6.2 NAME	HALL, JANICE C	
STREET ADDRESS	807 BUENA VISTA BOULEVARD		6.3 STREET ADDRESS	807 BUENA VISTA BOULEVARD	
CITY-ST-ZIP	PANAMA CITY FL		6.4 CITY-ST-ZIP	PANAMA CITY FL 32405	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 1/30/97