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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

154996 - 90067 - 33

DOCUMENT # 721746

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

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

3. Date Incorporated or Qualifed: 09/21/1971

4. FEI Number: 59-1375195 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	DT	☐ Change ☒ Addition
NAME	SMITH, DANIEL S		1.2 NAME	RICHARDSON, ALAN	
STREET ADDRESS	405 WISCONSIN AVENUE		1.3 STREET ADDRESS	P O BOX 1152	
CITY-ST-ZIP	LYNN HAVEN FL 32444		1.4 CITY-ST-ZIP	PORT ST JOE FL 32457	
TITLE	DP	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	JACKSON, CURTIS		2.2 NAME	FISHEL, JOHN	
STREET ADDRESS	3712 SHORELINE CIRCLE		2.3 STREET ADDRESS	209 E. 4TH STREET	
CITY-ST-ZIP	PANAMA CITY FL 32405		2.4 CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	DV	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	GAUTIER, JAMES L		3.2 NAME	MILLER, LOIS	
STREET ADDRESS	1511 ILLINOIS AVENUE		3.3 STREET ADDRESS	1508 MISSISSIPPI AVENUE	
CITY-ST-ZIP	LYNN HAVEN FL 32444		3.4 CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	DS	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CRAWFROD, YVETTE		4.2 NAME		
STREET ADDRESS	2721 RAVENWOOD COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL 32444		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	DS	☒ Change ☐ Addition
NAME	BRADY, JOHN		5.2 NAME	BRADY, JOHN	
STREET ADDRESS	192 TREASURE PALM DRIVE		5.3 STREET ADDRESS	192 TREASURE PALM DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH FL		5.4 CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	DV	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DUKES, JAMES C		6.2 NAME	Curtis Jackson	
STREET ADDRESS	2336 WASHINGTON STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL 32444		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Curtis Jackson SIGNATURE REQUIRED CURTIS JACKSON 1/25/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #