FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # 721746** 1. Entity Name LIFE MANAGEMENT CENTER OF NORTHWEST FLORIDA, INC 04-30-2001 90410 040 ****61.25 Principal Place of Business Mailing Address 525 EAST 15TH STREET 525 EAST 15TH STREET PANAMA CITY FL 32405 PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1375195 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HAMPTON, PETER T. PH. D. 525 EAST 15TH ST PANAMA CITY FL 32405 City Zip Code FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE Change ☐ Addition CR2E037 (10/00) BARION, HILLDON RICHARDSON, ALAN NAME NAME 1200 S MOGEE RD P.O. BOX 1152 STREET ADDRESS STREET ADDRESS BONIFAY, FL 32425 PORT ST JOE FL 32457 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition HAMM, JERRY MILLER, LOIS NAME NAME 1508 MISSISSIPPI AVENUE 1007 JENKS AVE STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32405 LYNN HAVEN, FL 32444 CITY-ST-ZIP CITY-ST-ZIP DI 271, 175 TITLE ☐ Delete TITLE K Change ☐ Addition FISHEL, JOHN II BRADY, JOHN NAME NAME 209 E 4TH ST STREET ADDRESS 192 TREASURER PAIM DR STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32401 CITY-ST-ZIP PANAMA CITY BEACH, FL 32408 TITLE ☐ Delete TITLE ☐ Change Addition MILLER, LOIS NAKAMURA, EUGENE NAME 1508 MISSISSIPPI AVE STREET ADDRESS STREET ADDRESS 107 CREENTOD TRIVE PAVAMA CITY, FL 32407 CITY-ST-ZIP LYNN HAVEN FL 32444 CITY-ST-ZIP TITLE ☐ Delete Addition TITLE Change BRADY, JOHN JOHNSON, JOHN L NAME NAME 192 TREASURE PALM DRIVE PO BOX 1698 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH FL CITY-ST-ZIP PANAMA CITY, FL 32402 TITLE Delete TITLE Change X Addition DUKES, JAMES C NAME PEACOCK, HOMER W NAME 2336 WASHINGTON STREET STREET ADDRESS STREET ADDRESS 1592 CLARK LANE CITY-ST-ZIP LYNN HAVEN FL 32444 CITY-ST-ZIP CHIPLEY, FL 32428

12. 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 report or supplemental 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 enemywered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on a

JAMES C DUKES

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

DOC# 72/74/0 DO044344

LIFE MANAGEMENT CENTER OF NORTHWEST FLORIDA, INC. 525 EAST 15TH STREET PANAMA CITY, FLORIDA 32405

BOARD OF DIRECTORS

D CHANGE RICHARDSON, ALAN PO BOX 1152 PORT ST JOE, FL 32457

D ADDITION
RIGBY, CONNIE_
715 FREDERICK STREET
PANAMA CITY, FL 32405

D ADDITION RUFF, JOSEPH 202 MOSELY DRIVE LYNN HAVEN, FL 32444

D ADDITION SCHOLZ, RUSSELL S. 206 EAST 4TH STREET PORT ST JOE, FL 32456 D ADDITION SMITH, DANIEL, S 405 WISCONSIN AVENUE LYNN HAVEN, FL 32444

D ADDITION
WELLS, MAX
PO BOX 357
CHIPLEY, FL 32428

D ADDITION WILSON, TED R. 740 HARRISON AVENUE PANAMA CITY, FL 32401