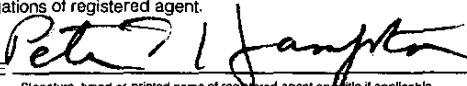
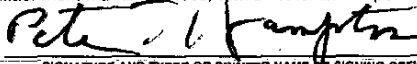


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90066 048 ****70.00

DOCUMENT # 721746					
1. Entity Name LIFE MANAGEMENT CENTER OF NORTHWEST FLORIDA, INC.					
Principal Place of Business 525 EAST 15TH STREET PANAMA CITY, FL 32405			Mailing Address 525 EAST 15TH STREET PANAMA CITY, FL 32405		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1375195	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMPTON, PETER T. PH. D. 525 EAST 15TH ST PANAMA CITY, FL 32405				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. Peter T. Hampton, Ph.D. (NOTE: Registered Agent signature required when reinstating) 1/7/04 DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DP NAME NAKAMURA, EUGENE STREET ADDRESS 107 GREENWOOD DRIVE CITY-ST-ZIP PANAMA CITY BEACH, FL 32407	☒ Delete		TITLE DP NAME Joe Ruff STREET ADDRESS 202 Mosley Dr. CITY-ST-ZIP Lynn Haven, FL 32444	☒ Change ☐ Addition	
TITLE DS NAME SCHOLZ, RUSSELL STREET ADDRESS 206 EAST 4TH STREET CITY-ST-ZIP PORT ST JOE, FL 32456	☒ Delete		TITLE DS NAME Daniel S Smith STREET ADDRESS 405 Wisconsin Ave. CITY-ST-ZIP Lynn Haven, FL 32444	☒ Change ☐ Addition	
TITLE D NAME FISHEL, JOHN II STREET ADDRESS 209 E 4TH ST CITY-ST-ZIP PANAMA CITY, FL 32401	☐ Delete		TITLE D NAME John Fishel, II STREET ADDRESS 209 E. 4th Street CITY-ST-ZIP Panama City, FL 32401	☐ Change ☐ Addition	
TITLE D NAME MILLER, LOIS STREET ADDRESS 1508 MISSISSIPPI AVE CITY-ST-ZIP LYNN HAVEN, FL 32444	☒ Delete		TITLE D NAME Jerry Hamm STREET ADDRESS 1007 Jenks Ave. CITY-ST-ZIP Panama City, FL 32401	☐ Change ☒ Addition	
TITLE DT NAME SMITH, DANIEL STREET ADDRESS 405 WISCONSIN AVENUE CITY-ST-ZIP LYNN HAVEN, FL 32444	☐ Delete		TITLE DT NAME Johnny Walker STREET ADDRESS 1503 Dunnet Court CITY-ST-ZIP Lynn Haven, FL 32444	☐ Change ☒ Addition	
TITLE DV NAME RUFF, JOSEPH STREET ADDRESS 202 MOSLEY DRIVE CITY-ST-ZIP LYNN HAVEN, FL 32444	☐ Delete		TITLE D NAME Curtis Jackson STREET ADDRESS 3712 Shoreline Circle CITY-ST-ZIP Panama City, FL 32405	☐ Change ☒ Addition	
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 empowered 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 an attachment with an address, with all other like empowered.					
SIGNATURE:  Peter T. Hampton, Ph.D. 1/7/04 (850) 769-9481 x171					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					