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	Mailing Address
525 EAST 15TH STREET PANAMA CITY, FL 32405	525 EAST 15TH STREET PANAMA CITY, FL 32405

01072004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAMPTON, PETER T. PH. D. 525 EAST 15TH ST PANAMA CITY, FL 32405	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 Peter T. Hampton Peter T. Hampton, Ph.D. 1/7/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP NAKAMURA, EUGENE 107 GREENWOOD DRIVE PANAMA CITY BEACH, FL 32407	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Joe Ruff 202 Mosley Dr. Lynn Haven, FL 32444	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SCHOLZ, RUSSELL 206 EAST 4TH STREET PORT ST JOE, FL 32456	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Daniel S Smith 405 Wisconsin Ave. Lynn Haven, FL 32444	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISHEL, JOHN II 209 E 4TH ST PANAMA CITY, FL 32401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John Fishel, II 209 E. 4th Street Panama City, FL 32401	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, LOIS 1508 MISSISSIPPI AVE LYNN HAVEN, FL 32444	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jerry Hamm 1007 Jenks Ave. Panama City, FL 32401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SMITH, DANIEL 405 WISCONSIN AVENUE LYNN HAVEN, FL 32444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Johnny Walker 1503 Dunnet Court Lynn Haven, FL 32444	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV RUFF, JOSEPH 202 MOSLEY DRIVE LYNN HAVEN, FL 32444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Curtis Jackson 3712 Shoreline Circle 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 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 #