2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005
Secretary of State

DOCUMENT# 721746

Entity Name: LIFE MANAGEMENT CENTER OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

525 EAST 15TH STREET
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

525 EAST 15TH STREET
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 59-1375195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAMPTON, PETER T. PH. D.
525 EAST 15TH ST
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HAMM, JERRY
Address: 1007 JENKS AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: DR ( ) Delete
Name: WALKER, JOHNNY
Address: 1503 DUNNET COURT
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete
Name: FISHEL, JOHN II
Address: 209 E 4TH ST
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: JACKSON, CURTIS
Address: 3712 SHORELINE CIRCLE
City-St-Zip: PANAMA CITY, FL 32405

Title: DS ( ) Delete
Name: SMITH, DANIEL S
Address: 405 WISCONSIN AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: DP ( ) Delete
Name: RUFF, JOE
Address: 202 MOSLEY DR.
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change ( ) Addition
Name: LEETE, CONSTANCE R
Address: 510 PICKEREL COURT
City-St-Zip: LYNN HAVEN, FL 32444

Title: DT (X) Change ( ) Addition
Name: WALKER, JOHNNY
Address: 1503 DUNNET COURT
City-St-Zip: LYNN HAVEN, FL 32444

Title: D (X) Change ( ) Addition
Name: MAPP, JR, ALBERT F MD
Address: 489 N TYNDALL PARKWAY
City-St-Zip: CALLAWAY, FL 32404

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER T HAMPTON DR 02/08/2005

Electronic Signature of Signing Officer or Director — Date