2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#721746

FILED Apr 12, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

525 EAST 15TH STREET PANAMA CITY, FL 32405

Current Mailing Address: New Mailing Address:

525 EAST 15TH STREET PANAMA CITY, FL 32405

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAMPTON, PETER T. PH. D. AILES, EDWIN R 525 EAST 15TH ST 525 EAST 15TH ST

PANAMA CITY, FL 32405 US PANAMA CITY, FL 32405 US

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: EDWIN R. AILES 04/12/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP () Delete Title: DP (X) Change () Addition

 Name:
 LEETE, CONSTANCE R
 Name:
 LEETE, CONSTANCE R

 Address:
 510 PICKEREL COURT
 Address:
 510 PICKEREL COURT

 City-St-Zip:
 LYNN HAVEN, FL 32444
 City-St-Zip:
 LYNN HAVEN, FL 32444

Title: DT () Delete Title: () Change () Addition

 Name:
 WALKER, JOHNNY
 Name:

 Address:
 1503 DUNNET COURT
 Address:

 City-St-Zip:
 LYNN HAVEN, FL 32444
 City-St-Zip:

Title: D () Delete Title: DVP (X) Change () Addition

 Name:
 MAPP, JR, ALBERT F MD
 Name:
 PEACOCK, HOMER W

 Address:
 489 N TYNDALL PARKWAY
 Address:
 1592 CLARK LANE

 City-St-Zip:
 CALLAWAY, FL 32404
 City-St-Zip:
 CHIPLEY, FL 32428

Title: D () Delete Title: DS (X) Change () Addition

 Name:
 JACKSON, CURTIS
 Name:
 FYFE, ANN

 Address:
 3712 SHORELINE CIRCLE
 Address:
 632 BEACHCOMBER DRIVE

 City-St-Zip:
 PANAMA CITY, FL 32405
 City-St-Zip:
 LYNN HAVEN, FL 32444

Title: DS () Delete Title: DT (X) Change () Addition

 Name:
 SMITH, DANIEL S
 Name:
 SMITH, DANIEL S

 Address:
 405 WISCONSIN AVE
 Address:
 405 WISCONSIN AVE

 City-St-Zip:
 LYNN HAVEN, FL 32444
 City-St-Zip:
 LYNN HAVEN, FL 32444

Title: DP () Delete Title: D (X) Change () Addition

 Name:
 RUFF, JOE
 Name:
 RUFF, JOE

 Address:
 202 MOSLEY DR.
 Address:
 202 MOSLEY DR.

 City-St-Zip:
 LYNN HAVEN, FL 32444
 City-St-Zip:
 LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CONSTANCE RIGBY LEETE DP 04/12/2006