2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
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 ( )**

Name and Address of Current Registered Agent:

AILES, EDWIN R
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: DP ( ) Delete
Name: JACKSON, CURTIS
Address: 3712 SHORELINE CIRCLE
City-St-Zip: PANAMA CITY, FL 32405

Title: DT ( ) Delete
Name: YORDON, GREG
Address: 2633 HWY 77, SUITE A
City-St-Zip: PANAMA CITY, FL 32405

Title: DVP ( ) Delete
Name: FYFE, ANN
Address: 2824 CANAL DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: DS ( ) Delete
Name: BATTIN, CHARLOTTE
Address: 3502 HIDDEN VALLEY RD
City-St-Zip: LYNN HAVEN, FL 32444

Title: DM ( ) Delete
Name: MAPP, ALBERT F JR
Address: 489 N. TYNDALL PARKWAY
City-St-Zip: CALLAWAY, FL 32404

Title: D ( ) Delete
Name: VICKERY, ROBERT
Address: 2012 COUNTRY CLUB DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: FYFE, ANN
Address: 2824 CANAL DRIVE
City-St-Zip: PANAMA CITY, FL 32405

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

Title: DVP (X) Change ( ) Addition
Name: SIMS, JAMES
Address: 714 BANFILL AVE
City-St-Zip: BONIFAY, FL 32425

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ANN FYFE DP 01/14/2008

Electronic Signature of Signing Officer or Director — Date