2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#721746

FILED May 01, 2010 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 ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

AILES, EDWIN R 525 EAST 15TH ST 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP

 Name:
 YORDON, GREG

 Address:
 2633 HWY. 77 SUITE A

 City-St-Zip:
 PANAMA CITY, FL 32405

Title: DVP

Name: MITCHELL, DAN L
Address: 810 GEORGIA AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: DS

Name: BYRD, LOIS Address: 280 AVENUE D

City-St-Zip: PORT ST. JOE,, FL 32456

Title: DT

Name: SMITH, DANIEL S

Address: 405 WISCONSIN AVENUE City-St-Zip: LYNN HAVEN, FL 32444

Title: [

Name: SIMS, JAMES
Address: 714 BANFILL AVENUE
City-St-Zip: BONIFAY, FL 34245

Title: CFC

 Name:
 BERRY, WESLEY

 Address:
 525 E 15TH STREET

 City-St-Zip:
 PANAMA CITY, FL 32405

I hereby 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 all other like empowered.

SIGNATURE: WESLEY BERRY CPA CFO 05/01/2010