2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003
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

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: RICHARDSON, ALAN
Address: P.O. BOX 1152
City-St-Zip: PORT ST JOE, FL 32457

Title: D ( ) Delete
Name: HAMM, JERRY
Address: 1007 JENKS AVE
City-St-Zip: PANAMA CITY, FL 32405

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

Title: DV ( ) Delete
Name: MILLER, LOIS
Address: 1508 MISSISSIPPI AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: DP ( ) Delete
Name: BARTON, HILDON
Address: 1200 S MCGEE ROAD
City-St-Zip: BONIFAY, FL 32425

Title: DS ( ) Delete
Name: RUFF, JOSEPH
Address: 202 MOSLEY DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: NAKAMURA, EUGENE
Address: 107 GREENWOOD DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: DS (X) Change ( ) Addition
Name: SCHOLZ, RUSSELL
Address: 206 EAST 4TH STREET
City-St-Zip: PORT ST JOE, FL 32456

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

Title: D (X) Change ( ) Addition
Name: MILLER, LOIS
Address: 1508 MISSISSIPPI AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: DT (X) Change ( ) Addition
Name: SMITH, DANIEL
Address: 405 WISCONSIN AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: DV (X) Change ( ) Addition
Name: RUFF, JOSEPH
Address: 202 MOSLEY DRIVE
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 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: EUGENE NAKAMURA DP 04/02/2003

Electronic Signature of Signing Officer or Director — Date