

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED AND FILED

192

06 JUL 21 PM 4: 2

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DSC

<b>DOCUMENT # J71579</b>	
1. Entity Name LIFECARE MANAGEMENT, INC.	



Principal Place of Business 1450 59TH ST W SUITE 200 BRADENTON, FL 34209-4663	Mailing Address 1450 59TH ST W SUITE 200 BRADENTON, FL 34209-4663
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07142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 85-0019410	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

KAKLIS, V. WILLIAM  
1400 - 4TH AVENUE, WEST  
BRADENTON, FL 34205

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BELLINO, ROBERT J.
STREET ADDRESS	1450 59TH ST W #200
CITY-ST-ZIP	BRADENTON, FL 34209.
TITLE	PST
NAME	JACKSON, ROY D.
STREET ADDRESS	7307 17TH AVE NW
CITY-ST-ZIP	BRADENTON, FL 34209.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400077954914  
07/25/06--01042--012 \*\*317.50

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-06 1-800-794-6798

D-6

Daytime Phone #

LIFECARE MANAGEMENT, INC.

292

July 14, 2006

Division of Corporations  
P.O. Box 6198/  
Tallahassee, Fl 32314

Re: Lifecare Management, Inc.

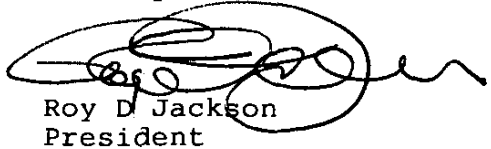
Lake Placid Retirement Villas, Inc.

Dear Sirs:

Please be advised that we did not receive the Annual Report forms for the above corporations for 2006.

We are enclosing our check for the fees of \$317.50.

Thank you.



Roy D Jackson  
President

rdj/ssa