

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014843

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: LIFESTYLES 1 HEALTHCARE, LLC

**Current Principal Place of Business:**

11300 110TH AVE NORTH  
SEMINOLE, FL 33778

**New Principal Place of Business:**

**Current Mailing Address:**

11300 110TH AVE NORTH  
SEMINOLE, FL 33778

**New Mailing Address:**

FEI Number: 26-0030243

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCKIBBON, R. BRUCE JR  
1435 EAST PIEDMONT DRIVE, SUITE 214  
TALLAHASSEE, FL 32308 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

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: STERN, RICK SEC  
Address: 11300 110TH AVE NORTH  
City-St-Zip: SEMINOLE, FL 33778

Title: MGRM ( ) Delete  
Name: RUSSELL, TERRY PRES  
Address: 11300 110TH AVE NORTH  
City-St-Zip: SEMINOLE, FL 33778

Title: MGRM ( ) Delete  
Name: RUSK, CHARLES E TREAS  
Address: 11300 110TH AVE NORTH  
City-St-Zip: SEMINOLE, FL 33778

Title: MGRM ( ) Delete  
Name: KELSEY, WILLIAM SEC  
Address: 11300 110TH AVE NORTH  
City-St-Zip: SEMINOLE, FL 33778

**ADDITIONS/CHANGES:**

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

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

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

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

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TERRY L. RUSSELL

PRES

04/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date