

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014843

FILED
Mar 14, 2005
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 (X)

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: MGRM (X) Change () Addition
Name: KELSEY, WILLIAM VP
Address: 11300 110TH AVE NORTH
City-St-Zip: SEMINOLE, FL 33778

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: WILLIAM KELSEY

VP

03/14/2005

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