

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014843

FILED
Apr 23, 2008
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:

O'CONNOR, PATRICK M ESQ.
C/O O'CONNOR & ASSOCIATES
1250 S. BELCHER RD. #160
LARGO, FL 33771 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/MANAGERS:

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

Title: MGR () Delete
Name: KELSEY, WILLIAM VP
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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 RUSSELL

MGR

04/23/2008

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