

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014843

FILED  
Apr 17, 2009  
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:**

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: WILLIAM KELSEY

MGR

04/17/2009

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