2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/2.

FILED
Jun 09, 2003 8:00 am
Secretary of State
05-02-2003 90140 049 ****70.00

DOCUMENT # N00000000216

1. Entity Name
LIFESTREAM JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
6015 CHESTER CIRCLE Chester 111 JACKSONVILLE FL 32217	6015 CHESTER CIRCLE 111 JACKSONVILLE FL 32217

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	6015 Chester Circle Suite, Apt. #, etc.
City & State: 6015 Chester Circle	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3580409 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALTMAN, NANCY 6015 CHESTER CIRCLE 111 JACKSONVILLE FL 32217	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED MCCARY, REGINA 6015 CHESTER CIRCLE #111 JACKSONVILLE FL 32217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Treasurer J.T. Rhodes, CPA 1566 Mardis PL.W. Jacksonville, FL 32205	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHAELS, TRISH 2711 HENDRICKS AVE. JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D V.P. David Keel 4582 Whispering Inlet Dr. Jacksonville, FL 32277	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEMASTERS, DAWN 253 SHELL BLUFF CT. PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sec. Chris Alexander 870 Warner Rd. Green Cove Springs, FL 32043	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALTMAN, NANCY H 1142 MORVENWOOD ROAD JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Donny Lamey 6613 Hunters Dr. JAX FL 32256	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAT BALANEY 12521 ALADDIN Rd JAX FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVID BALANEY 12521 ALADDIN Rd JAX FL	☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [redacted] (Treasurer) 4-28-03 904-226-7055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #