

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741053

1. Entity Name

LIFE BALANCING CENTER, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90104 010 ****61.25

Principal Place of Business

1950 SANDRA DRIVE
CLEARWATER FL 33764
US

Mailing Address

1950 SANDRA DRIVE
CLEARWATER FL 33764
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1858927

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

REUTER, PETER
1950 SANDRA DRIVE
CLEARWATER FL 34624-4772

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME NELSON, STEVEN P.DC DR
STREET ADDRESS 12551 INDIAN ROCKS RD. SUITE 2
CITY-ST-ZIP LARGO FL 33744

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME REUTER, PETER
STREET ADDRESS 1950 SANDRA DR
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME MALAKOFF, MARGARET
STREET ADDRESS 5013 IMPERIAL PALMS DR
CITY-ST-ZIP LARGO FL 33771

TITLE TD ☐ Change ☒ Addition
NAME ROSALIE CZERNECKI
STREET ADDRESS 2291 ATLANTIS BLVD. #5
CITY-ST-ZIP CLEARWATER FL 33765

TITLE SD ☐ Delete
NAME ECKELMAN, SUSAN D.
STREET ADDRESS 1319 RAULERSON RD.
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WUNDERLICH RAY C., JR.MD
STREET ADDRESS 1152-94TH AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME KELEHER, VIRGINIA
STREET ADDRESS 6700 150TH AVE. N., #806
CITY-ST-ZIP CLEARWATER FL 34624

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)