

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90114 026 ****61.25

DOCUMENT # 741053

1. Entity Name

LIFE BALANCING CENTER, INC.

Principal Place of Business

Mailing Address

1950 SANDRA DRIVE
 CLEARWATER FL 33764
 US

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

4. FEI Number

59-1858927

Applied For

Not Applicable

Zip

Country

Zip

Country

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

33764-

4772

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]*

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

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

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

TITLE **TD** ☐ Delete
 NAME **CZERNECKI, ROSALIE**
 STREET ADDRESS **2291 ATKANTIS BLVD #5**
 CITY-ST-ZIP **CLEARWATER FL 33765**

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

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

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

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

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

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

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02

Date

(727) 447-6305

Daytime Phone #

CR2E037 (9/01)