

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90173 002 ****61.25

DOCUMENT # 741053

1. Entity Name

LIFE BALANCING CENTER, INC.



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

1st MOORE

CR2E037 (10/05)

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 33764-4772

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. I am familiar with, and accept the obligations of registered agent

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
Due By May 1, 2006

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 D ☐ Delete
NAME NELSON, STEVEN P.DC DR
STREET ADDRESS 6387 CENTRAL AVE
CITY-ST-ZIP SAINT PETERSBURG FL 33710

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 CZERNECKI, ROSALIE
STREET ADDRESS 2291 ATLANTIS BLVD 5
CITY-ST-ZIP CLEARWATER FL 33765

TITLE TD ☐ Change ☒ Addition
NAME ECHELMAN, SUSAN
STREET ADDRESS 18118 U.S. HGY. 41 N., LOT 38A
CITY-ST-ZIP LUTZ, FL 33549

TITLE D ☐ Delete
NAME WUNDERLICH RAY C., JR.MD
STREET ADDRESS 8821-9TH ST. N
CITY-ST-ZIP SAINT PETERSBURG FL 33702

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Section 119, 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:

[Handwritten Signature]

4/26/06 (727) 447-6305