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

DOCUMENT # 746549

1. Entity Name

LIFE/HEALTH CENTERS OF AMERICA, INC.



FILED Aug 06, 2003 8:00 am Secretary of State

08-06-2003 90060 025 ****61.25

Principal Place of Business				Mailing Address							
2335 S OCEAN BLVD/PALM BCH. FL33480 P O BOX 1451 LAKE WORTH FL 33460				P. O. BOX 1451 LAKE WORTH FL 33460 US				4 100115 10011 0 1015	a álsáf Silli Girla (b)i biðii bið	III 31811 81811 A18	nk 414 51 1 44 1
2. Principal Place of Business			3. Mail	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stat	te	City	City & State				4. FEI Number 59-1927863		— — —	oplied For	
Zip	Country		Zip	Zip		Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent								7. Name and Addre	ess of New Registered	Agent	
						Name					
BENNETT, BERNARD						Street Address (P.O. Box Number is Not Acceptable)					
2335 SOUTH OCEAN BOULEVARD						onocci idalocci (i.e. box italiabili io itaci idaghable)					
PALM BEACH FL 33460									•		i
						City			FL	Zip Cod	le
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											and accept
the obligations of registered agent.											
		5/1/4 #									
SIGNATURE .	Signature, typed or pr	rinted name of registered agent	and title if appl	icable. (NOTE	: Registere	d Agent signature re	y beriups	when reinstating)	DATE		
···	•	- 33						· - I		•	
FILE NOW: FEE IS \$61,25 9. Election Campai						inancing _		\$5.00 May Be	Make Chec	k Payable	to
After Sept	tember 10, 20	003, min will be \$2	36.25	Trust Fund C	ontributi	on.		Added to Fees	Florida Depai		
10. OFFICERS AND DIRECTORS 11.								DDITIONS (CHANGE)	S TO OFFICERS AND D	DECTORC IN	110
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CITY-ST-ZIP	PALM BCH F	L			CITY	-ST-ZIP					
TITLE :	VD			☐ Delete	TITLE					☐ Change	☐ Addition
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CITY-ST-ZIP	PALM BCH FI	<u> </u>			CHY	-ST-ZIP					
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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 receive 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:

7-36-03 561-5868/59