**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**
**AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 JUL -3 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L68196** **(9)**

1. Corporation Name

**LIFESTYLES & HEALTHCARE MANAGEMENT, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3003 SW 28TH STREET<br>PO BOX 759<br>OKEECHOBEE FL 34973-0759<br>US | 3003 SW 28TH STREET<br>PO BOX 759<br>OKEECHOBEE FL 34973-0759<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/26/1990**
3a. Date of Last Report: **06/27/1994**
4. FEI Number: **65-0188924** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. The corporation is subject to Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21 — Suite, Apt. #, etc. — 22 — City & State — 23 — [illegible] — 24 — [illegible] — 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. — 27 — City & State — 28 — [illegible] — 29 — [illegible] — 30

**9. Name and Address of Current Registered Agent**

WILLIAMSON, FAYE A
3003 SW 28TH CIR
OKEECHOBEE FL 34974

**10. Name and Address of New Registered Agent**

81 Name: Faye A. Haverlock
82 Street Address (P.O. Box Number is Not Acceptable): 3003 SW 28th Street
83
84 City: Okeechobee — 85 FL — Zip Code: 34974

11. Pursuant to the provisions of Section 607.1502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Faye A. Haverlock, President — DATE: 6-27-95

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 1 TITLE | DP | 1 TITLE | DP ☑ Change ☐ Addition |
| 2 NAME | WILLIAMSON, FAYE A. | 2 NAME | Haverlock, Faye A. |
| 3 STREET ADDRESS | 3003 SW 28TH STREET | 3 STREET ADDRESS | 3003 SW 28th St. |
| 4 CITY-ST-ZIP | OKEECHOBEE FL | 4 CITY-ST-ZIP | Okeechobee, Fl 34974 |
| 5 TITLE | DV | 5 TITLE | ☐ Change ☐ Addition |
| 6 NAME | WILLIAMSON, JACK H. | 6 NAME | |
| 7 STREET ADDRESS | 1578 SW 35TH CIR | 7 STREET ADDRESS | |
| 8 CITY-ST-ZIP | OKEECHOBEE FL | 8 CITY-ST-ZIP | |
| 9 TITLE | S | 9 TITLE | ☐ Change ☐ Addition |
| 10 NAME | WILLIAMSON, REBECCA J | 10 NAME | |
| 11 STREET ADDRESS | 3003 SW 28TH STREET | 11 STREET ADDRESS | |
| 12 CITY-ST-ZIP | OKEECHOBEE FL | 12 CITY-ST-ZIP | |
| 13 TITLE | T | 13 TITLE | ☐ Change ☐ Addition |
| 14 NAME | WILLIAMSON, JENNIFER L | 14 NAME | |
| 15 STREET ADDRESS | 3003 SW 28TH CIR | 15 STREET ADDRESS | |
| 16 CITY-ST-ZIP | OKEECHOBEE FL | 16 CITY-ST-ZIP | |
| 17 TITLE | | 17 TITLE | ☐ Change ☐ Addition |
| 18 NAME | | 18 NAME | |
| 19 STREET ADDRESS | | 19 STREET ADDRESS | |
| 20 CITY-ST-ZIP | | 20 CITY-ST-ZIP | |
| 21 TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| 22 NAME | | 22 NAME | |
| 23 STREET ADDRESS | | 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | | 24 CITY-ST-ZIP | |

CR2E034 (3/95)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

**SIGNATURE:** Faye A. Haverlock — 6-27-95 — 941-467-4440
SIGNATURE(S) REQUIRED ON PRINTED NAME OF BOARD OF TRUSTEE OR DIRECTOR — DATE — (Daytime Phone)

Faye A. Haverlock, President

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