2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# N00000000216

Entity Name: LIFEWORKS JACKSONVILLE, INC.

Current Principal Place of Business:

6015 CHESTER CIRCLE
111
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

6015 CHESTER CIRCLE
111
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-3700440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALTMAN, NANCY
6015 CHESTER CIRCLE
111
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	(X) Delete
Name:	MILLER, MICHAELA	
Address:	1419 RIVER OAKS RD	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	VPD	( ) Delete
Name:	KEEL, DAVID	
Address:	4582 WHISPERING INLET DR.	
City-St-Zip:	JACKSONVILLE, FL 32277	
Title:	SD	( ) Delete
Name:	ALEXANDER, CHRIS	
Address:	870 WARNER RD.	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	
Title:	P	( ) Delete
Name:	ALTMAN, NANCY H	
Address:	1142 MORVENWOOD ROAD	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	D	( ) Delete
Name:	DAVIS, ZELINE	
Address:	4045 COQUINA DRIVE	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250	
Title:	D	( ) Delete
Name:	GRUENTZEL, JIM	
Address:	2584 HALPERNS WAY	
City-St-Zip:	MIDDLEBURG, FL 32068	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PRES	(X) Change ( ) Addition
Name:	KEEL, DAVID	
Address:	4582 WHISPERING INLET DR.	
City-St-Zip:	JACKSONVILLE, FL 32277	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID C KEEL PRES 04/18/2007

Electronic Signature of Signing Officer or Director — Date