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

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FILED
Jun 09, 2003 8:00 am
Secretary of State

05-02-2003 90140 049 ****70.00

DOCUMENT # N00000000216

1. Entity Name
LIFESTREAM JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
6015 CHESTER CIRCLE Chestor 111 JACKSONVILLE FL 32217	6015 CHESTER CIRCLE 111 JACKSONVILLE FL 32217

[redacted]

2. Principal Place of Business	3. Mailing Address 6015 Chester Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 6015 Chester Circle	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3580409 — 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
ALTMAN, NANCY 6015 CHESTER CIRCLE 111 JACKSONVILLE FL 32217	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

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	ED ☒ Delete	TITLE D	TREASURER ☒ Change ☐ Addition
NAME	MCCARY, REGINA	NAME	J.T. Rhodes, CPA
STREET ADDRESS	6015 CHESTER CIRCLE #111	STREET ADDRESS	1566 Mardis PL.W.
CITY-ST-ZIP	JACKSONVILLE FL 32217	CITY-ST-ZIP	Jacksonville, FL 32205
TITLE	D ☒ Delete	TITLE D	V.P. ☒ Change ☐ Addition
NAME	MICHAELS, TRISH	NAME	David Keel
STREET ADDRESS	2711 HENDRICKS AVE.	STREET ADDRESS	4582 Whispering Inlet Dr.
CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP	Jacksonville, FL 32277
TITLE	D ☒ Delete	TITLE D	Sec. ☒ Change ☐ Addition
NAME	LEMASTERS, DAWN	NAME	Chris Alexander
STREET ADDRESS	253 SHELL BLUFF CT.	STREET ADDRESS	870 Warner Rd.
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	Green Cove Springs, FL 32043
TITLE	P ☐ Delete	TITLE D	Donny Lamey ☒ Change ☐ Addition
NAME	ALTMAN, NANCY H	NAME	
STREET ADDRESS	1142 MORVENWOOD ROAD	STREET ADDRESS	8613 HUNTERS DR.
CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP	JAX FL 32256
TITLE	☐ Delete	TITLE D	PAT BALANEY ☒ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	12521 ALADDIN Rd
CITY-ST-ZIP		CITY-ST-ZIP	JAX FL
TITLE	☐ Delete	TITLE D	DAVID BALANEY ☒ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	12521 ALADDIN Rd
CITY-ST-ZIP		CITY-ST-ZIP	JAX FL

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: J.T. Rhodes CEO (Treasurer) 4-28-03 904-226-9055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)