


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000001230
 1. Entity Name
THE LIFE CENTER OF HERNANDO INCORPORATED



Principal Place of Business Mailing Address
3443 MINNOW CREEK DR **3443 MINNOW CREEK DR**
HERNANDO BCH, FL 34607 **HERNANDO BCH, FL 34607**

DO NOT WRITE IN THIS SPACE



01182004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
32-0004500 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BALLARD, JAMES
11194 TUSCANNY AVE
SPRING HILL, FL 34608

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	LEMOINE, BARBARA
STREET ADDRESS	3443 MINNOW CREEK DR
CITY-ST-ZIP	HERNANDO BCH, FL 34607
TITLE	D
NAME	BALLARD, JAMES
STREET ADDRESS	3443 MINNOW CREEK DR
CITY-ST-ZIP	HERNANDO BCH, FL 34607
TITLE	D
NAME	TIMMONS, CAROLYN
STREET ADDRESS	3443 MINNOW CREEK DR
CITY-ST-ZIP	HERNANDO BCH, FL 34607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/16/04-80073-011 70.00

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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 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: Barbara Lemoine Barbara Lemoine 4/14/04 352-597-0119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #