


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90125 016 ****61.25

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

Principal Place of Business 3443 MINNOW CREEK DR HERNANDO BCH, FL 34607	Mailing Address 3443 MINNOW CREEK DR HERNANDO BCH, FL 34607
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2. Principal Place of Business 3443 Minnow Cr. Dr. Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
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04052005 Chg-NP CR2E037 (10/03)

City & State Hernando Beach	City & State
Zip 34607	Country USA

4. FEI Number 32-0004500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent Name: Barbara Lemoine Street Address (P.O. Box Number is Not Acceptable): 3443 Minnow Cr. Drive City: Hernando Beach, FL Zip Code: 34607
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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: Barbara Lemoine *chairman of board* Barbara Lemoine *Barbara Lemoine* DATE: 4/5/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: DC NAME: LEMOINE, BARBARA STREET ADDRESS: 3443 MINNOW CREEK DR CITY-ST-ZIP: HERNANDO BCH, FL 34607	<input type="checkbox"/> Delete
TITLE: D NAME: BALLARD, JAMES STREET ADDRESS: 3443 MINNOW CREEK DR CITY-ST-ZIP: HERNANDO BCH, FL 34607	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: TIMMONS, CAROLYN STREET ADDRESS: 3443 MINNOW CREEK DR CITY-ST-ZIP: HERNANDO BCH, FL 34607	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: Board member NAME: Chantelle Kelly STREET ADDRESS: 4739 Maple Tree loop CITY-ST-ZIP: Wesley Chapel 33543	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* DATE: 4/5/05 (352) 597-0119