

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2007
Secretary of State**

DOCUMENT# N02000001230

Entity Name: THE LIFE CENTER OF HERNANDO INCORPORATED

Current Principal Place of Business:

3443 MINNOW CREEK DR
HERNANDO BCH, FL 34607

New Principal Place of Business:

Current Mailing Address:

3443 MINNOW CREEK DR
HERNANDO BCH, FL 34607

New Mailing Address:

FEI Number: 32-0004500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMOINE, BARBARA
3443 MINNOW CR DR
HERNANDO BEACH, FL 34607 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: DC () Delete
Name: LEMOINE, BARBARA
Address: 3443 MINNOW CREEK DR
City-St-Zip: HERNANDO BCH, FL 34607

Title: MOBD () Delete
Name: KELLY, CHANTELE
Address: 4739 MAPLE TREE LOOP
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D () Delete
Name: TIMMONS, CAROLYN
Address: 227 E. EARLY ST.
City-St-Zip: BROOKSVILLE, FL 34601

Title: T () Delete
Name: SACCA, LINDA
Address: 8413 MAYBELLE DR
City-St-Zip: WEEKIWACHEE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: LINDA SACCA

T

04/29/2007

Electronic Signature of Signing Officer or Director

Date