

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001230

FILED  
Mar 01, 2010  
Secretary of State

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:

3443 MINNOW CREEK DR  
HERNANDO BCH, FL 34607 US

## Current Mailing Address:

3443 MINNOW CREEK DR  
HERNANDO BCH, FL 34607

## New Mailing Address:

3443 MINNOW CREEK DR  
HERNANDO BCH, FL 34607 US

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:

LEMOINE, BARBARA D MRS.  
3443 MINNOW CR DR  
HERNANDO BEACH, FL 34607 US

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: BARBARA LEMOINE

03/01/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CS  
Name: LEMOINE, BARBARA D MRS.  
Address: 3443 MINNOW CREEK DR  
City-St-Zip: HERNANDO BCH, FL 34607

Title: T  
Name: KELLY, CHANTELLE MRS.  
Address: 4739 MAPLE TREE LOOP  
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: AS  
Name: TERESA, GLOVER MISS  
Address: 7501 JOMEL DR.  
City-St-Zip: SPRING HILL, FL

Title: AT  
Name: VADELL, SILVIA MRS.  
Address: 1398 GODFREY AVE.  
City-St-Zip: SPRING HILL, FL 34609 US

I hereby 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 all other like empowered.

SIGNATURE: BARBARA D. LEMOINE

CS

03/01/2010

Electronic Signature of Signing Officer or Director

Date