

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001230

FILED  
Apr 06, 2011  
Secretary of State

**Entity Name:** THE LIFE CENTER OF HERNANDO INCORPORATED

**Current Principal Place of Business:**

3443 MINNOW CREEK DR  
HERNANDO BCH, FL 34607 US

**New Principal Place of Business:**

**Current Mailing Address:**

3443 MINNOW CREEK DR  
HERNANDO BCH, FL 34607 US

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

Title: T  
Name: KELLY, CHANTELE 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 US

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

MRS.

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date