

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001230

FILED
Feb 17, 2012
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: BM
Name: JOHNSON, CHANTELE MRS.
Address: 4739 MAPLE TREE LOOP
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: AC
Name: TERESA, GLOVER MISS
Address: 404 SUMMER ROOK DR.
City-St-Zip: ATLANTA, GA 30350 US

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

Title: BM
Name: HEIDLER, JOSEPH MR.
Address: 13437 TRITON DR.
City-St-Zip: BROOKSVILLE, FL US

Title: PR
Name: VAN METER, LYNN MRS.
Address: 2083 WILLMOUNT LANE
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 LEMOINE

CS

02/17/2012

Electronic Signature of Signing Officer or Director

_____ Date