

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90068 015 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
32-0004500

5. Certificate of Status Desired **\$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
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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** 1/7/03 597-0119
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)