

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90019 034 ****61.25

DOCUMENT # N04000005990

1. Entity Name
THE LIFE CENTER OF PEMBROKE PINES, INC.



Principal Place of Business
**16245 SW 18TH STREET
MIRAMAR, FL 33027**

Mailing Address
**16245 SW 18TH STREET
MIRAMAR, FL 33027**

50056953



2. Principal Place of Business

3. Mailing Address

P.O. Box 260958

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07132005

Chg-NP

CR2E037 (10/03)

City & State

City & State

PEMBROKE PINES

4. FEI Number

51-0527179

Applied For

Not Applicable

Zip

Country

Zip

33026

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHAW, KENT
16245 SW 18TH STREET
MIRAMAR, FL 33027**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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	D	<input type="checkbox"/> Delete
NAME	SHAW, KENT M	
STREET ADDRESS	16245 SW 18TH STREET	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, DAPHANE M	
STREET ADDRESS	16245 SW 18TH STREET	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANIELS, ALFRED D	
STREET ADDRESS	1266 FISHERMAN STREET	
CITY-ST-ZIP	OPALOCKA, FL 33054	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DANIELS, ELRA	
STREET ADDRESS	1266 FISHERMAN ST	
CITY-ST-ZIP	OPA LOCKA, FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWERS, DORENE P	
STREET ADDRESS	4501 SW 25TH STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/05
Date

(954) 557-4813
Daytime Phone #