2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006119

FILED Apr 12, 2012 Secretary of State

Entity Name: LIFE INSPIRED TRANSITIONAL SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

2229 NATURAL WELLS DRIVE TALLAHASSEE, FL 32305

Current Mailing Address: New Mailing Address:

PO BOX 7622 TALLAHASSEE, FL 32314

FEI Number: 27-2937793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, LAQWANA 2229 NATURAL WELLS DRIVE TALLAHASSEE, FL 32305 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEOD

Name: SMITH, LAQWANA

Address: 2229 NATURAL WELLS DRIVE City-St-Zip: TALLAHASSEE, FL 32305

Title: VCD

 Name:
 BURNS, DAWN

 Address:
 4623 TALL OAK DRIVE

 City-St-Zip:
 TALLAHASSEE, FL 32305

Title: TD

 Name:
 NEWCOME, EUREKA

 Address:
 3205 BRENTWOOD WAY

 City-St-Zip:
 TALLAHASSEE, FL 32309

Title:

Name: DANIELS, SHERICKA

Address: 3380 FRED GEORGE ROAD APT 222

City-St-Zip: TALLAHASSEE, FL 32303

Title:

 Name:
 ELMORE, KELLY

 Address:
 823 BARRIE AVENUE

 City-St-Zip:
 TALLAHASSEE, FL 32303

Title: CD

Name: STRINGER, KIMBERLY
Address: 3534 W..D. JUDGE DRIVE
City-St-Zip: ORLANDO, FL 32808

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: LAQWANA SMITH CEOD 04/12/2012