

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jan 27, 2011
Secretary of State

DOCUMENT# N35939

Entity Name: LIFE CONCEPTS INDEPENDENT LIVING, INC.**Current Principal Place of Business:**267 ALABAMA AVE.
APOPKA, FL 32703 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 531125
ORLANDO, FL 32853 US**New Mailing Address:****FEI Number:** 59-2988012**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LIFE CONCEPTS, INC.
500 EAST COLONIAL DR.
ORLANDO, FL 32803 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: C
Name: PORTER, THOMAS CHAIR
Address: 500 EAST COLONIAL DR.
City-St-Zip: ORLANDO, FL 32803

Title: VC
Name: BRANTLEY, ELIZABETH VICECHA
Address: 500 EAST COLONIAL DR.
City-St-Zip: ORLANDO, FL 32803

Title: P
Name: KATIE, PORTA PRESIDE
Address: 500 EAST COLONIAL DR.
City-St-Zip: ORLANDO, FL 32803

Title: S
Name: ANSLEY, BOB
Address: 500 EAST COLONIAL DR.
City-St-Zip: ORLANDO, FL 32803

Title: P
Name: PORTA, KATIE PRESIDE
Address: 500 EAST COLONIAL DR.
City-St-Zip: ORLANDO, FL 32803

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: M. KATIE PORTA

PRES

01/27/2011

Electronic Signature of Signing Officer or Director

Date