2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41638

FILED Jan 08, <u>2007</u> Secretary of State

Entity Name: LIFE CONCEPTS INDEPENDENT LIVING II, INC.

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

380 SEMORAN COMMERCE PLACE 700 GREENWOOD AVE ORLANDO, FL 32803

B-204

APOPKA, FL 32703

New Mailing Address: Current Mailing Address:

P O BOX 1300 500 EAST COLONIAL DR. APOPKA, FL 32704 US ORLANDO, FL 32803 US

FEI Number: 59-3053289 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:

LIFE CONCEPTS, INC 380 SEMORAN COMMERCE PLACE

B-204 APOPKA, FL 32703 US LIFE CONCEPTS, INC 500 EAST COLONIAL DR. ORLANDO, FL 32803

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: M. KATIE PORTA 01/08/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VC (X) Change () Addition () Delete HAVEN, JOLYNN HAVEN, JOLYNN CHAIR Name: Name: PO BOX 618412 Address: Address:

500 EAST COLONIAL DR. City-St-Zip: ORLANDO, FL 32861 City-St-Zip: ORLANDO, FL 32803

Title: Title: (X) Change () Addition () Delete BRESNICK, RUTH TREASUR FERNANDEZ, MELANIE Name: Name: Address: 201 S. ORANGE AVE., SUITE 950 Address: 500 EAST COLONIAL DR. City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32803

Title: () Delete Title: (X) Change () Addition DESIMONE, BETH JACKSON, ERIC VICECHA Name: Name: 312 PRESSVIEW AVE 500 EAST COLONIAL DR. Address: Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: ORLANDO, FL 32803

Title: () Delete Title: (X) Change () Addition Name: PORTA, M. KATIE Name: MAGRADY, JANE SECRETA 380 SEMORAN PLACE, B-204 500 EAST COLONIAL DR. Address: Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: ORLANDO, FL 32803

Title: () Delete Title: (X) Change () Addition

HUNGATE, ROB PORTA, KATIE PRESIDE Name: Name: PO BOX 3193 500 EAST COLONIAL DR. Address: Address: City-St-Zip: ORLANDO, FL 32802 City-St-Zip: ORLANDO, FL 32803

Title: (X) Delete Title: () Change () Addition

WILSON, CAROL Name: Name: Address: 3026 CHRIS LANE Address: ORLANDO, FL 32806 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: M. KATIE PORTA **PRES** 01/08/2007

Electronic Signature of Signing Officer or Director

Date