

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005869

FILED
Jan 10, 2006
Secretary of State

Entity Name: LIFE CARE PASTORAL SERVICES, INC.

Current Principal Place of Business:

1000 VICAR'S LANDING WAY
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

1000 VICAR'S LANDING WAY
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 59-3480191 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, RAYMOND M
1000 VICAR'S LANDING WAY
PONTE VEDRA BEACH, FL 32082 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: SD () Delete
Name: JOHNSON, DALLAS S
Address: 6247 RIVIERA MANOR DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: JOHNSON, RAYMOND M
Address: 1000 VICAR'S LANDING WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD () Delete
Name: NIX, GUY
Address: 131 NANDINA CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD () Delete
Name: VORSANGER, BRUCE
Address: 1212 SALT CREEK POINT WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD () Delete
Name: MILTON, FULTON
Address: 4114 WINDSOR PARK DRIVE EAST
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: ROLLER, DONALD
Address: 1421 PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: VORSANGER, BRUCE
Address: 1212 SALT CREEK POINT WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD (X) Change () Addition
Name: REYNOLDS, GEROLD
Address: 149 DEER COVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: RAYMOND M. JOHNSON

SD

01/10/2006

Electronic Signature of Signing Officer or Director

_____ Date