2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# N99000006196

Entity Name: LIFE CHOICE CARE CENTER, INC.

Current Principal Place of Business:

POST OFFICE BOX 252
INVERNESS, FL 344500252

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 252
INVERNESS, FL 344500252

New Mailing Address:

FEI Number: 59-3597090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MADDEN, WALTER E
4919 BAYWOOD DRIVE
BEVERLY HILLS, FL 344654505 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: VD ( ) Delete
Name: BARBER, WAINLY JR.
Address: 7295 W RIVERBEND ROAD
City-St-Zip: DUNELLON, FL 34433

Title: D ( ) Delete
Name: BAIRD, MAUREEN
Address: 2905 EASTWOOD ST
City-St-Zip: INVERNESS, FL 34452

Title: TD ( ) Delete
Name: MADDEN, WALTER
Address: 4919 BAYWOOD DRIVE
City-St-Zip: BEVERLY HILLS, FL 344654505

Title: SD ( ) Delete
Name: MEAHL, GREG
Address: 784 S DOUG PT
City-St-Zip: INVERNESS, FL 34450

Title: D ( ) Delete
Name: MADDOX, JOE
Address: 8211 S W 60TH AVENUE
City-St-Zip: BUSHNELL, FL 33513

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition
Name: DOVI, SANTO
Address: 5 N BRAEMER DRIVE
City-St-Zip: INVERNESS, FL 34450

Title: SD (X) Change ( ) Addition
Name: DOVI, SANTO
Address: 5 N BRAEMER DRIVE
City-St-Zip: INVERNESS, FL 34450

Title: ( ) Change ( ) Addition
Name:
Address:
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: MAUREEN BAIRD D 04/26/2006

Electronic Signature of Signing Officer or Director — Date