

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006196

FILED
Apr 28, 2009
Secretary of State

Entity Name: LIFE CHOICE CARE CENTER, INC.

Current Principal Place of Business:

305 S LINE AVENUE
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 252
INVERNESS, FL 344500252

New Mailing Address:

POST OFFICE BOX 252
INVERNESS, FL 34451

FEI Number: 59-3597090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADDOX, JOE
8211 SW 60TH AVE.
BUSHNELL, FL, FL 33513 US

Name and Address of New Registered Agent:

MADDOX, JOE
8211 SW 60TH AVE.
BUSHNELL, FL 33513 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:

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARBER, WAINLY JR.
Address: 7295 W RIVERBEND ROAD
City-St-Zip: DUNELLON, FL 34433

Title: VD () Delete
Name: MADDOX, JOE
Address: 8211 SW 60TH AVE.
City-St-Zip: BUSHNELL, FL, FL 33513

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

Title: D () Delete
Name: HOWARD, JULIE
Address: 9000 SANDPIPER DRIVE
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ALANA FAIRCLOTH

DIR

04/28/2009

Electronic Signature of Signing Officer or Director

Date