

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006196

FILED
Apr 19, 2011
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 34451

New Mailing Address:

305 S LINE AVENUE
INVERNESS, FL 34452

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 P
8211 SW 60TH AVE.
BUSHNELL, FL 33513 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: BARBER, WAINLY JR.
Address: 7295 W RIVERBEND ROAD
City-St-Zip: DUNELLON, FL 34433

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

Title: D
Name: DAVIS, KATHLEEN
Address: 6710 S MERLEING LOOP
City-St-Zip: FLORAL CITY, FL 34436

Title: V
Name: BAIRD, MAUREEN
Address: 2905 EASTWOOD ST.
City-St-Zip: INVERNESS, FL 34452

Title: S
Name: LEWIS, MARPLE
Address: 4537 N. CAPISTRANO LOOP
City-St-Zip: BEVERLY HILLS, FL 34465

Title: B
Name: SMITH, JODY
Address: 8273 E FAIRWAY LOOP
City-St-Zip: INVERNESS, FL 34452

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: KATHLEEN DAVIS

D

04/19/2011

Electronic Signature of Signing Officer or Director

Date