

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000029779

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** LIFE MANAGEMENT ADVISORS, INC.

**Current Principal Place of Business:**

334 2ND AVE. N.  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

830 A1A NORTH SUITE 13 #262  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

1520 SAWGRASS VILLAGE DRIVE  
352  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

830 A1A NORTH SUITE 13 #262  
PONTE VEDRA BEACH, FL 32082

**FEI Number:** 02-0686726

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAYFIELD, HEATHER L  
334 2ND AVE. N.  
JACKSONVILLE BEACH, FL 32250 US

**Name and Address of New Registered Agent:**

BAYFIELD, HEATHER L  
830 A1A NORTH SUITE 13 #262  
PONTE VEDRA BEACH, FL 32082 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/27/2011

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BAYFIELD, HEATHER L  
Address: 830 A1A NORTH SUITE 13 #262  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HEATHER BAYFIELD

PRES

04/27/2011

Electronic Signature of Signing Officer or Director

Date