

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000142348

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** THERAPEUTIC LIFESTYLE CHOICES, INC.

**Current Principal Place of Business:**

25087 PINE WATER COVE LANE  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

25087 PINEWATER COVE LANE  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

25087 PINE WATER COVE LANE  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

25087 PINEWATER COVE LANE  
BONITA SPRINGS, FL 34134

**FEI Number:** 20-0471990

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOWDER, TERRY  
25087 PINE WATER COVE LANE  
BONITA SPRINGS, FL 34134 US

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

LOWDER, TERRY  
25087 PINEWATER COVE LANE  
BONITA SPRINGS, FL 34134 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:

01/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P, S  
Name: LOWDER, TERRY  
Address: 25087 PINEWATER COVE LANE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP,  
Name: GEORGE, RONNIE  
Address: PO BOX 3432  
City-St-Zip: BONITA SPRINGS, FL 34133

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: TERRY LOWDER

P,S

01/09/2012

Electronic Signature of Signing Officer or Director

Date