


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000025277</b> 1. Entity Name LIFE EXTENSION HEALTH CENTER, INC.	
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Principal Place of Business 416 CAMBRIDGE BLVD. WINTER PARK, FL 32789	Mailing Address 416 CAMBRIDGE BLVD. WINTER PARK, FL 32789
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**DO NOT WRITE IN THIS SPACE**



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1218765	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  MATTHEWS, CAROL 416 CAMBRIDGE BLVD. WINTER PARK, FL 32789
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**DO NOT WRITE  
IN THIS SPACE**

6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when retreating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000834777 04/24/08-80039-021 150.00
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MATTHEWS, CAROL 416 CAMBRIDGE BLVD WINTER PARK, FL 32789
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol Matthews 1/27/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #