

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000134617

**FILED**  
**Apr 25, 2006**  
**Secretary of State**

**Entity Name:** LIFE CENTER FOR HEALTH MANAGEMENT, INC.

**Current Principal Place of Business:**

427 LITHIA PINECREST RD.  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

427 LITHIA PINECREST RD.  
BRANDON, FL 33511

**New Mailing Address:**

**FEI Number:** 20-1943927

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHAFFER, STEVE  
2704 W. MISSISSIPPI AVE.  
APT A  
TAMPA, FL 33629 US

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

BELL, SHERRY  
513 LISA LANE  
BRANDON, FL 33511 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: SHERRY BELL

04/25/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: SCHAFFER, STEVE  
Address: 2704 W. MISSISSIPPI AVE. APT. A  
City-St-Zip: TAMPA, FL 33629

Title: PD ( ) Delete  
Name: BELL, SHERRY  
Address: 513 LISA LANE  
City-St-Zip: BRANDON, FL 33511

Title: SD ( ) Delete  
Name: KLERSY, ANGELA  
Address: 18115 CANAL POINTE ST.  
City-St-Zip: TAMPA, FL 33647

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY BELL

PD

04/25/2006

Electronic Signature of Signing Officer or Director

Date