

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