


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

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| <b>DOCUMENT # P04000134617</b><br>1. Entity Name<br>LIFE CENTER FOR HEALTH MANAGEMENT, INC. |  |
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| Principal Place of Business<br>427 LITHIA PINECREST RD.<br>BRANDON, FL 33511 | Mailing Address<br>427 LITHIA PINECREST RD.<br>BRANDON, FL 33511 |
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04262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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| 4. FEI Number<br>20-1943927 | Applied For<br>Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |
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| 6. Name and Address of Current Registered Agent<br><br>BELL, SHERRY<br>513 LISA LANE<br>BRANDON, FL 33511 |
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IN THIS SPACE**

8. 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 _____<br><small>(Signature, typed or printed name of registered agent and title if applicable)</small> | (NOTE: Registered Agent signature required when registering) | DATE _____ |
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|---|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | 000000753916<br>05/22/07-80039-015 150.00 |
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| 10. OFFICERS AND DIRECTORS                        |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | TD<br>SCHAFER, STEVE<br>2704 W. MISSISSIPPI AVE. APT. A<br>TAMPA, FL 33629 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | PD<br>BELL, SHERRY<br>513 LISA LANE<br>BRANDON, FL 33511                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | SD<br>KLEISY, ANGELA<br>18115 CANAL POINTE ST.<br>TAMPA, FL 33647          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  |

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IN THIS SPACE**

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.

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| SIGNATURE: <u>Steven Schaffer</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | 4/26/07 (813) 767-2610<br><small>Date Telephone #</small> |
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