

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000134617

FILED  
Apr 22, 2009  
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:**

BELL, SHERRY  
513 LISA LANE  
BRANDON, FL 33511 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: SCHAFFER, STEVE  
Address: 505 LAKE KENDALL DR APT 303  
City-St-Zip: BRANDON, FL 33510

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

Title: SD ( ) Delete  
Name: KLERSY, ANGELA  
Address: 513 LISA LN  
City-St-Zip: BRANDON, FL 33511

**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 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: STEVEN SCHAFFER

TD

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date