2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# P05000002275

Entity Name: THE LIFESTYLE CLINIC, INC.

Current Principal Place of Business:

THE EDISON CENTRE
2709 SWAMP CABBAGE COURT
FT. MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

THE EDISON CENTRE
2709 SWAMP CABBAGE COURT
FT. MYERS, FL 33901

New Mailing Address:

FEI Number: 20-2128368 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARNARD, PHILLIP
2709 SWAMP CABBAGE CT
FT MYERS, FL 339019355 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: D ( ) Delete
Name: BARNARD, PHILLIP
Address: 906 LAREDO AVE
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BARNARD, PHILLIP A
Address: 14474 LAKEWOOD TRACE COURT
City-St-Zip: FORT MYERS, FL 33919

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: P.A. BARNARD D 04/29/2007

Electronic Signature of Signing Officer or Director — Date