

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000098175

Entity Name: LIFESTYLE MEDICAL CORP

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

225 SADDLEWORTH PL  
LAKE MARY, FL 32746

## **New Principal Place of Business:**

201 S ORANGE AVE  
SUITE 1510  
ORLANDO, FL 32801

## **Current Mailing Address:**

225 SADDLEWORTH PL  
LAKE MARY, FL 32746

## **New Mailing Address:**

201 S ORANGE AVE  
SUITE 1510  
ORLANDO, FL 32801

FEI Number: 45-3854780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, CHRISTOPHER  
225 SADDLEWORTH PLACE  
LAKE MARY, FL 32746 US

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

SMITH, CHRISTOPHER  
201 S ORANGE AVE  
SUITE 1510  
ORLANDO, FL 32801 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: CHRISTOPHER SMITH

04/30/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: DP  
Name: SMITH, CHRISTOPHER  
Address: 225 SADDLEWORTH PL  
City-St-Zip: LAKE MARY, FL 32746

Title: S  
Name: HARRIS, CRAIG  
Address: 1840 VIA GENOA  
City-St-Zip: WINTER PARK, FL 32789

Title: T  
Name: SACHS, ADAM  
Address: 156 FIG TREE RUN  
City-St-Zip: LONGWOOD, FL 32750

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER SMITH

DP

04/30/2012

Electronic Signature of Signing Officer or Director

Date