

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000008726

FILED
Mar 03, 2005
Secretary of State

Entity Name: LIFE WORKS FAMILY THERAPY CENTER, INC.

Current Principal Place of Business:

4100 NW 3RD COURT
202
PLANTATION, FL 33317 US

Current Mailing Address:

4100 NW 3RD COURT
202
PLANTATION, FL 33317 US

New Principal Place of Business:

4100 SOUTH HOSPITAL DRIVE
SUITE 202
PLANTATION, FL 33317 US

New Mailing Address:

4100 SOUTH HOSPITAL DRIVE
202
PLANTATION, FL 33317 US

FEI Number: 65-0362227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOGART, ODETTE D
4100 NW 3RD COURT #202
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

BOGART, ODETTE D
4100 SOUTH HOSPITAL DRIVE
SUITE 202
PLANTATION, FL 33317 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: ODETTE D. BOGART

03/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOGART, ODETTE D
Address: 12073 N.W. 32ND PLACE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VT () Delete
Name: RAWCLIFFE, JAMES
Address: 5726 LAKEWOOD ROAD
City-St-Zip: SEBRING, FL 33875

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOGART, ODETTE D
Address: 4100 SOUTH HOSPITAL DRIVE SUITE 202
City-St-Zip: PLANTATION, FL 33317

Title: V (X) Change () Addition
Name: CRIST, ELISSA
Address: 4100 SOUTH HOSPITAL DRIVE SUITE 202
City-St-Zip: PLANTATION, FL 33317

Title: T/S () Change (X) Addition
Name: RAWCLIFFE, JAMES D
Address: 4100 SOUTH HOSPITAL DRIVE SUITE 202
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ODETTE D. BOGART

PD

03/03/2005

Electronic Signature of Signing Officer or Director

Date