2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 14, 2005
Secretary of State

DOCUMENT# P92000008726

Entity Name: LIFE WORKS FAMILY THERAPY CENTER, INC.

Current Principal Place of Business:

4100 SOUTH HOSPITAL DRIVE
SUITE 202
PLANTATION, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

4100 SOUTH HOSPITAL DRIVE
202
PLANTATION, FL 33317 US

New Mailing Address:

FEI Number: 65-0362227 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

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

Title: V ( ) Delete
Name: CRIST, ELISSA
Address: 4100 SOUTH HOSPTIAL DRIVE SUITE 202
City-St-Zip: PLANTATION, FL 33317

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

Title: T/S (X) Change ( ) Addition
Name: BRANCH, CONSTANCE H
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 10/14/2005

Electronic Signature of Signing Officer or Director Date