

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000008726

FILED  
Mar 10, 2007  
Secretary of State

**Entity Name:** LIFE WORKS FAMILY THERAPY CENTER, INC.

**Current Principal Place of Business:**

4100 SOUTH HOSPITAL DRIVE  
SUITE 100  
PLANTATION, FL 33317 US

**New Principal Place of Business:**

**Current Mailing Address:**

4100 SOUTH HOSPITAL DRIVE  
SUITE 100  
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 100  
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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** BOGART, ODETTE D  
**Address:** 4100 SOUTH HOSPITAL DRIVE SUITE 100  
**City-St-Zip:** PLANTATION, FL 33317

**Title:** V ( ) Delete  
**Name:** RAWCLIFFE, JAMES D  
**Address:** 4100 SOUTH HOSPITAL DRIVE SUITE 100  
**City-St-Zip:** PLANTATION, FL 33317

**Title:** T/S ( ) Delete  
**Name:** BRANCH, CONSTANCE H  
**Address:** 4100 SOUTH HOSPITAL DRIVE SUITE 100  
**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:** BUTLER, BRUCE I  
**Address:** 4100 SOUTH HOSPITAL DRIVE SUITE 100  
**City-St-Zip:** PLANTATION, FL 33317

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

I hereby certify that the information supplied with this filing does not qualify for the 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:** DR. ODETTE BOGART

**DIRE**

**03/10/2007**

Electronic Signature of Signing Officer or Director

Date