

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000008726

FILED
Feb 21, 2010
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:

5716 WOLF LAKE ROAD
SEBRING, FL 33875 US

Current Mailing Address:

4100 SOUTH HOSPITAL DRIVE
SUITE 100
PLANTATION, FL 33317 US

New Mailing Address:

5716 WOLF LAKE ROAD
SEBRING, FL 33875 US

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:

BOGART, ODETTE D
5716 WOLF LAKE ROAD
SEBRING, FL 33875 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:

02/21/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: BOGART, ODETTE D
Address: 5716 WOLF LAKE ROAD
City-St-Zip: SEBRING, FL 33875

Title: V
Name: BRANCH, CONSTANCE H
Address: 5716 WOLF LAKE ROAD
City-St-Zip: SEBRING, FL 333875

Title: T/S
Name: RAWCLIFFE, JAMES D
Address: 5716 WOLF LAKE ROAD
City-St-Zip: SEBRING, FL 33875

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: ODETTE D. BOGART

PD

02/21/2010

Electronic Signature of Signing Officer or Director

Date