DOCUMENT # P94000077758

1. Entity Name
LIFE CYCLES CARE MANAGEMENT, INC.

APPROVED AND FILED
P94000077758

01 MAR 21 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~115 S. DALE MABRY HWY~~ TAMPA FL 33609 8910 N. DALE MABRY HWY TAMPA FL 33618	~~115 S. DALE MABRY HWY~~ TAMPA FL 33609

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0578118 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TUTTLE, JOANNE W 115 S. DALE MABRY HWY TAMPA FL 33609	Name Street Address (P.O. Box Number is Not Acceptable) 8910 N DALE MABRY HWY City TAMPA FL Zip Code 33618

8. 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 Joanne Wallace Tuttle Joanne Wallace Tuttle 01/03/01
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME TUTTLE, JOANNE W STREET ADDRESS ~~115 S. DALE MABRY HWY~~ CITY-ST-ZIP TAMPA FL 33609 ☐ Delete	TITLE NAME STREET ADDRESS 8910 N. DALE MABRY HWY -- STE 23 CITY-ST-ZIP TAMPA, FL 33618 ☑ Change ☐ Addition
TITLE D NAME WEIGEL, JEANNE C STREET ADDRESS ~~115 S. DALE MABRY HWY~~ CITY-ST-ZIP TAMPA FL 33609 ☐ Delete	TITLE NAME STREET ADDRESS 8910 N Dale Mabry Hwy -STE 23 CITY-ST-ZIP TAMPA, FL 33618 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 900003912649--6 -03/27/01--01089--0 ****150.00 ****150.00 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MWms ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joanne Wallace Tuttle 01/03/01 (813) 877-0494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)