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Jun 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northrup
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000055064 (6)

1. Corporation Name

LIFERENEWAL HEALTH CENTERS OF AMERICA, INC.

Principal Place of Business

4995 TAMiami TR E
NAPLES FL 33962

Mailing Address

4995 TAMiami TR E
NAPLES FL 34113-4131



3. Date Incorporated or Qualified

07/11/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

~~APPLIED FOR~~ 65-0610868

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

4997 Tamiami Trail E.

City & State

Naples, FL 34113

Zip

34113

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

4997 Tamiami Trail E.

City & State

Naples, FL 34113

Zip

34113

Country

9. Name and Address of Current Registered Agent

HOURLAN, BRUCE G
4995 TAMiami TR E
NAPLES FL 33962

10. Name and Address of New Registered Agent

81

Name

Houran, Bruce G. (Address Change)

82

Street Address (P.O. Box Number is Not Acceptable)

4997 Tamiami Trail East

83

Naples, FL 34113

84

City

Naples

FL

85

Zip Code

34113

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HOURAN, BRUCE G
STREET ADDRESS 4995 TAMiami TR E
CITY-ST-ZIP NAPLES FL 33962

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Add ☐ Delete

1.2 NAME Houran, Bruce G.
1.3 STREET ADDRESS 4997 Tamiami Trail East
1.4 CITY-ST-ZIP Naples, FL 34113

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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***660.00

05
6/14/97

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

4/2/97 941-722-1122

CR2E034 (\$96)