

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000058947 (9)**

1. Corporation Name
LIFESTYLES AT AMELIA WELLNESS CENTER, INC.



Principal Place of Business 869 SADLER ROAD SUITE 3 FERNANDINA BEACH FL 32034	Mailing Address 869 SADLER ROAD SUITE 3 FERNANDINA BEACH FL 32034	3. Date Incorporated or Qualified 07/27/1995	3a. Date of Last Report
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	4. FEI Number 59-3327551	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BRANDON, RICHARD L 869 SADLER ROAD SUITE 3 FERNANDINA BEACH FL 32034	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL
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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 _____ (Name, Title or position of registered agent and the date of signature) _____ (Name, Title or position of registered agent and the date of signature) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSTD	<input type="checkbox"/> DELETE	1. TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRANDON, RICHARD L		2. NAME BRANDON, RICHARD L	
STREET ADDRESS 869 SADLER ROAD		3. STREET ADDRESS 869 SADLER RD, STE 3	
CITY-STATE-ZIP FERNANDINA BEACH FL 32034		4. CITY-STATE-ZIP FERNANDINA BEACH, FL 32034	
TITLE V.P.	<input type="checkbox"/> DELETE	2. TITLE V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BRANDON, KATHY L.		2. NAME BRANDON, KATHY L.	
STREET ADDRESS 869 SADLER RD, STE 3		2.3 STREET ADDRESS 869 SADLER RD, STE 3	
CITY-STATE-ZIP FERNANDINA BEACH, FL 32034		2.4 CITY-STATE-ZIP FERNANDINA BEACH, FL 32034	
TITLE ST	<input type="checkbox"/> DELETE	3. TITLE ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CHRISTIANSON, JACKIE		3.2 NAME CHRISTIANSON, JACKIE	
STREET ADDRESS 869 SADLER RD, STE 3		3.3 STREET ADDRESS 869 SADLER RD, STE 3	
CITY-STATE-ZIP FERNANDINA BEACH, FL 32034		3.4 CITY-STATE-ZIP FERNANDINA BEACH, FL 32034	
TITLE M.D.	<input type="checkbox"/> DELETE	4. TITLE M.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME THOMAS, JESSICA C.		4.2 NAME THOMAS, JESSICA C.	
STREET ADDRESS 869 SADLER RD, SUITE 3		4.3 STREET ADDRESS 869 SADLER RD, SUITE 3	
CITY-STATE-ZIP FERNANDINA BEACH, FL 32034		4.4 CITY-STATE-ZIP FERNANDINA BEACH, FL 32034	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Richard L Brandon* 3/8/96 912-729-2795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)