
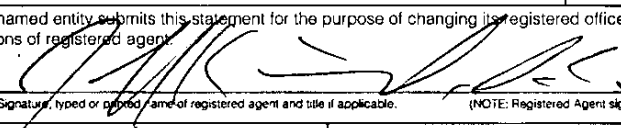
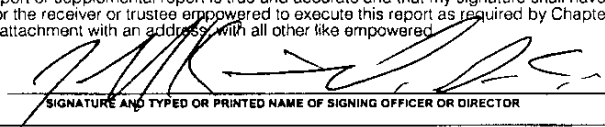


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90363 032 \*\*\*150.00

<b>DOCUMENT # P97000107673</b> 1. Entity Name LIFE MEDICAL CENTER OF LECANTO, INC.					
Principal Place of Business 3591N. LECANTO HWY. BEVERLY HILLS, FL 34465 US			Mailing Address 3591N. LECANTO HWY. BEVERLY HILLS, FL 34465 US		
2. Principal Place of Business - No P.O. Box # 3470 N LECANTO HWY		3. Mailing Address 3470 N LECANTO HWY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BEVERLY HILLS, FL		City & State BEVERLY HILLS, FL		4. FEI Number 59-3483676	
Zip 34465		Country USA		Applied For Not Applicable	
Zip 34465		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  KINNARD, JEFFERY 3591 N. LECANTO HWY LECANTO, FL 34460			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 3470 N LECANTO HWY City BEVERLY HILLS FL Zip Code 34465		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. KINNARD, JEFFERY S 3591 N LECANTO HWY BEVERLY HILLS, FL 34465		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. KINNARD, JEFFERY S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3470 N LECANTO HWY BEVERLY HILLS, FL 34465	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. OLIVERIO, ANTHONY 255 SE 7TH AVE CRYSTAL RIVER, FL 34429		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			3/8/07 352 527-5433		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40033304



03082007 Chg-P CR2E034 (12/06)