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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V62944** **(6)**

1. Corporation Name

LIFESTYLES MEDCENTER, INC.

Principal Place of Business	Mailing Address
3003 SW 28TH ST. OKEECHOBEE FL 34974 US	P. O. BOX 759 OKEECHOBEE FL 34973 US

2. Principal Place of Business	2a. Mailing Address
21 2831 SW 3rd Terrace	26 P.O. Box 778
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: Okeechobee Fl	28 City & State: Okeechobee Fl
24 Zip: 34974 25 Country: USA	29 Zip: 34973 30 Country: USA

3. Date Incorporated or Qualified: 09/10/1992

3a. Date of Last Report: 03/31/1995

4. FEI Number: 65-0360924 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HAVERLOCK, FAYE A.
3003 S.W. 28TH STREET
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent

81 Name: Holly M. Everett
82 Street Address (P.O. Box Number is Not Acceptable): 319 SW 30th Terrace
83
84 City: Okeechobee FL 85 Zip Code: 34974

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: Holly M. Everett Holly M. Everett 4-30-96
Signature, type or printed name of registered agent and date. (NOTE: If agent is a corporation, the name and title of the officer must be provided.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FAYE A. WILLIAMSON 3003 S.W. 28TH STREET OKEECHOBEE FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President / Secretary Holly M. Everett 319 SW 30th Terrace Okeechobee, Fl 34974 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S REBECCA J. WILLIAMSON 1511 S.W. 35TH CIRCLE OKEECHOBEE FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: Holly M. Everett Holly M. Everett 4-30-96 941-467-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

President/Secretary