

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V62944

1. Entity Name

LIFESTYLES MEDCENTER, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90037 049 ***158.75

| | |
|---|---|
| Principal Place of Business 2831 S.W. 3RD TERRACE OKEECHOBEE FL 34974 US | Mailing Address P.O. BOX 778 OKEECHOBEE FL 34973-0778 US |
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| 2. Principal Place of Business 406 NW 4th St Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|---------------------------------|-----------------------|
| City & State Okeechobee, Fla | City & State |
| Zip 34972 | Country Okeechobee |



DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0360924 | Applied For Not Applicable |
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| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent EVERETT, HOLLY M 319 S.W. 30TH TERRACE OKEECHOBEE FL 34974 |
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| 7. Name and Address of New Registered Agent Name Faye A Haverlock Street Address (P.O. Box Number is Not Acceptable) 3003 SW 28th Ave City Okeechobee FL Zip Code 34974 |
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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 Faye A. Haverlock Pres DATE 4-11-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP | PS EVERETT, HOLLY M 319 S.W. 30TH TERRACE OKEECHOBEE FL <input checked="" 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 | VP HAVERLOCK, FAYE A 3003 SW 28TH AVENUE OKEECHOBEE FL 34973 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS Faye A Haverlock 3003 SW 28th Ave Okeechobee, FL 34973 <input checked="" 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 |
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| 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 |

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: Faye A. Haverlock Pres DATE 4-11-2000 DAYTIME PHONE # 863-357-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)