2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V62944

Entity Name: LIFESTYLES MEDCENTER, INC.

FILED Apr 06, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

406 NW 4 STREET

OKEECHOBEE, FL 34972 US

Current Mailing Address: New Mailing Address:

P.O. BOX 778 P.O. BOX 759

OKEECHOBEE, FL 34973 US OKEECHOBEE, FL 34973 US

FEI Number: 65-0360924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAVERLOCK, FAYE A 309 SW 15TH ST OKEECHOBEE, FL 34974 US

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:

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS () Delete Title: PS (X) Change () Addition

 Name:
 HAVERLOCK, FAYE A
 Name:
 HAVERLOCK, FAYE A

 Address:
 3003 SW 28TH AVENUE
 Address:
 309 SW 15TH ST.

City-St-Zip: OKEECHOBEE, FL 34973 City-St-Zip: OKEECHOBEE, FL 34974 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAYE A. HAVERLOCK P 04/06/2002