I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA LEMOINE

Electronic Signature of Signing Officer/Director Detail

HERNANDO BCH, FL 34607 Current Mailing Address:

Current Principal Place of Business:

PO BOX 10141 BROOKSVILLE, FL 34603 US

DOCUMENT# N0200001230

FEI Number: 32-0004500

3443 MINNOW CREEK DR

Name and Address of Current Registered Agent:

LEMOINE, BARBARA D MRS. 3443 MINNOW CR DR HERNANDO BEACH, FL 34607 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

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: THE LIFE CENTER OF HERNANDO INCORPORTED

Officer/Director Detail :

| Title | EXECUTIVE DIRECTOR | Title | SECRTARY |
|-----------------|------------------------------------|-----------------|----------------------------------|
| Name | LEMOINE, BARBARA DMRS. | Name | RAYMOND, CAROLYN |
| Address | 3443 MINNOW CREEK DR | Address | 10430 EASTSIDE AVE |
| City-State-Zip: | HERNANDO BCH FL 34607 | City-State-Zip: | SPRING HILL FL 34601 |
| | | | |
| | | | |
| Title | BOARD CHAIRMAN | Title | BOARD MEMBER |
| Title Name | BOARD CHAIRMAN REID, EVANGELINE | Title Name | BOARD MEMBER FRASER, VILMARIE |
| | | | |
| Name | REID, EVANGELINE | Name | FRASER, VILMARIE |

EXECUTIVE DIRECTOR 04/23/2018

Date

FILED Apr 23, 2018 Secretary of State CC8245146994

Certificate of Status Desired: No

Date