

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006175

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC4166287648**

**Entity Name:** THE LIFE CENTER UPC, INC.

**Current Principal Place of Business:**

734 62ND AVE N  
ST PETERSBURG, FL 33702

**Current Mailing Address:**

734 62ND AVE N  
ST PETERSBURG, FL 33702

**FEI Number:** 59-2469582

**Certificate of Status Desired:** Yes

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

HUDSPETH, DARON J  
734 62 AVE N  
ST PETERSBURG, FL 33702 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

**Officer/Director Detail :**

Title D  
Name ALLEYNE, ARDENE  
Address 1527 NEWARK ST S  
City-State-Zip: SAINT PETERSBURG FL 33711

Title D  
Name GANGADEEN, ROGER  
Address 4460 68TH AVENUE NORHT  
City-State-Zip: ST. PETERSBURG FL 33781

Title S  
Name HUDSPETH, JOY R  
Address 734 62ND AVE N  
City-State-Zip: ST PETERSBURG FL 33702

Title P  
Name HUDSPETH, DARON J  
Address 734 62ND AVENUE N.  
City-State-Zip: ST PETERSBURG FL 33702

Title DIRECTOR  
Name PUCKETT, RON  
Address 734 62ND AVE N  
City-State-Zip: ST PETERSBURG FL 33702

Title DIRECTOR  
Name SPARKS, WILLIAM  
Address 734 62ND AVE N  
City-State-Zip: ST PETERSBURG FL 33702

*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:** JOY HUDSPETH

**SECRETARY**

**01/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date