

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

DOCUMENT# N11000002443

**FILED**  
**Jan 21, 2015**  
**Secretary of State**  
**CC9940414440**

**Entity Name:** THE LIFE CENTER OF PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

149 WEST 13TH STREET  
RIVIERA BEACH, FL 33404

**Current Mailing Address:**

149 WEST 13TH STREET  
RIVIERA BEACH, FL 33404 US

**FEI Number:** 27-5483887

**Certificate of Status Desired:** No

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

EASLEY, JAMES B  
149 WEST 13TH STREET  
RIVIERA BEACH, FL 33404 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 P  
Name EASLEY, JAMES B  
Address 149 WEST 13TH STREET  
City-State-Zip: RIVIERA BEACH FL 33404

Title VP  
Name EASLEY, GAYLE  
Address 149 WEST 13TH STREET  
City-State-Zip: RIVIERA BEACH FL 33404

Title T  
Name EASLEY, JAMES B  
Address 149 WEST 13TH STREET  
City-State-Zip: RIVIERA BEACH FL 33404

Title SEC  
Name EASLEY, GAYLE  
Address 149 WEST 13TH STREET  
City-State-Zip: RIVIERA BEACH FL 33404

*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:** JAMES EASLEY

**PRESIDENT**

**01/21/2015**

Electronic Signature of Signing Officer/Director Detail

Date