

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000134617

Entity Name: LIFE CENTER FOR HEALTH MANAGEMENT, INC.

Current Principal Place of Business:

427 LITHIA PINECREST RD.
BRANDON, FL 33511

Current Mailing Address:

427 LITHIA PINECREST RD.
BRANDON, FL 33511

FEI Number: 20-1943927

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BELL, SHERRY
513 LISA LANE
BRANDON, FL 33511 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 PD
Name BELL, SHERRY
Address 513 LISA LANE
City-State-Zip: BRANDON FL 33511

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

SIGNATURE: SHERRY BELL

PRESIDENT

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date