

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F32291

FILED  
Mar 25, 2011  
Secretary of State

**Entity Name:** LAKE HIGHLANDS RETIREMENT AND NURSING CENTER, INC.

**Current Principal Place of Business:**

11329 LAKE MINNEOLA SHORES  
MINNEOLA, FL 34715 US

**New Principal Place of Business:**

**Current Mailing Address:**

11329 LAKE MINNEOLA SHORES  
MINNEOLA, FL 34715 US

**New Mailing Address:**

FEI Number: 59-2082592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HERBERT L. ROGERS JR  
11329 LAKE MINNEOLA SHORES  
MINNEOLA, FL 34715 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROGERS, HERBERT L., JR.  
Address: 11329 LAKE MINNEOLA SHORES  
City-St-Zip: MINNEOLA, FL 34715

Title: VT  
Name: KNIGHT, TERESA A.  
Address: 340 W. MINNEHAHA AVENUE  
City-St-Zip: CLERMONT, FL 34711

Title: S  
Name: GULLETT, PATRICIA L.  
Address: 4238 ROGERS RD  
City-St-Zip: GREENWOOD, FL 32443

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: HERBERT L ROGERS JR

PRES

03/25/2011

Electronic Signature of Signing Officer or Director

Date