

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91228 033 \*\*\*150.00

**DOCUMENT # P98000014007**

1. Entity Name  
LAKE CENTER OF H.O.P.E., P.A.



Principal Place of Business  
33057 PROFESSIONAL DR  
102  
LEESBURG, FL 34788

Mailing Address  
33057 PROFESSIONAL DR  
102  
LEESBURG, FL 34788



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3500597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNGSON, NICK M  
33057 PROFESSIONAL DR  
102  
LEESBURG, FL 34788

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	UNGSON, NICK M MD	
STREET ADDRESS	1218A WEST DIXIE AVE	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	ST	<input type="checkbox"/> Delete
NAME	UNGSON, LOURDES N	
STREET ADDRESS	1218A WEST DIXIE AVE	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Louder N. Ungson*

*LOURDES N. UNGSON*  
*SECRETARY/TREAS*

Date

Daytime Phone #

*4/30/04* *(352)*  
*787-0081*