

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000014007

FILED  
Apr 26, 2010  
Secretary of State

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

## Current Principal Place of Business:

33057 PROFESSIONAL DR  
102  
LEESBURG, FL 34788

## New Principal Place of Business:

33057 PROFESSIONAL DR  
SUITE 102  
LEESBURG, FL 34788

## Current Mailing Address:

33057 PROFESSIONAL DR  
102  
LEESBURG, FL 34788

## New Mailing Address:

33057 PROFESSIONAL DR  
SUITE 102  
LEESBURG, FL 34788

FEI Number: 59-3500597

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

UNGSON, LOURDES N  
33057 PROFESSIONAL DR  
102  
LEESBURG, FL 34788 US

## Name and Address of New Registered Agent:

UNGSON, LOURDES N  
33057 PROFESSIONAL DR  
SUITE 102  
LEESBURG, FL 34788 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: LOURDES N. UNGSON

04/26/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P  
Name: UNGSON, NICK M MD  
Address: 40816 FLETCHER RD  
City-St-Zip: UMATILLA, FL 32784

Title: ST  
Name: UNGSON, LOURDES N  
Address: 40816 FLETCHER RD  
City-St-Zip: UMATILLA, FL 32784

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: LOURDES N. UNGSON

ST

04/26/2010

Electronic Signature of Signing Officer or Director

Date