

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007098

Entity Name: LUMEN VITAE OF GAINESVILLE, INC.

Current Principal Place of Business:

3601 SW 2ND AVE
SUITE K
GAINESVILLE, FL 32607

Current Mailing Address:

3601 SW 2ND AVE
SUITE K
GAINESVILLE, FL 32607

FEI Number: 20-1521374

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCOTT, JOAN I
4203 NW 67TH TERR.
GAINESVILLE, FL 32606 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 TREASURER
Name GLYNN, MONICA
Address 11505 NW 15TH LANE GAINESVILLE
City-State-Zip: GAINESVILLE FL 32606

Title VICE-PRESIDENT
Name BROWN, JOCELYNE
Address 22122 NW CR 235A
City-State-Zip: ALACHUA FL 32615

Title PRESIDENT
Name SMOLENSKI, MARIA FILOMENA
Address 8851 NW 9TH LANE
City-State-Zip: GAINESVILLE FL 32606

Title DM
Name LANE, SHIRLEY
Address 3972 NW 23RD CIRCLE
City-State-Zip: GAINESVILLE FL 32605

Title SECRETARY
Name SCOTT, JOAN I
Address 4203 NW 67TH TERRACE
City-State-Zip: GAINESVILLE FL 32606

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: SMOLENSKI , MARIA FILOMENA

PRESIDENT

01/03/2018

Electronic Signature of Signing Officer/Director Detail

Date