

2017 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: MARIA FILOMENA SMOLENSKI**PRESIDENT****01/06/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date