

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000006438

**Entity Name:** KLINIK LASANTE LEOGANE, INC**Current Principal Place of Business:**2034 NW 8TH PL  
GAINESVILLE, FL 32603**Current Mailing Address:**2034 NW 8TH PL  
GAINESVILLE, FL 32603**FEI Number: 46-2907994****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EDMONDS, WENDY  
2034 NW 8TH PL  
GAINESVILLE, FL 32603 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	C
Name	STOWELL, JASON
Address	424 PADDOCK ST
City-State-Zip:	WATERTOWN NY 13601

Title	S
Name	LOUIS, YVERLINE P
Address	55 GRAND RUE
City-State-Zip:	LEOGANE SUD

Title	M
Name	PREFIL, CANGELINE
Address	10 NATIONAL HWY 2, CHATULAY
City-State-Zip:	LEOGANE SUD

Title	VC
Name	SYLNE, M. NANIE
Address	10 HIGHWAY 2, CHATULAY
City-State-Zip:	LEOGANE SUD

Title	T
Name	EDMONDS, WENDY
Address	2034 NW 8TH PL
City-State-Zip:	GAINESVILLE FL 32603

Title	M
Name	PURCELL, MARK
Address	566 COFFEEN ST.
City-State-Zip:	WATERTOWN NY 13601

*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: WENDY M EDMONDS****TREASURER****04/30/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date