

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 284226

**Entity Name:** LSCU SERVICE CORPORATION, INC.

**Current Principal Place of Business:**

3692 COOLIDGE CT  
TALLAHASSEE, FL 32311

**Current Mailing Address:**

3692 COOLIDGE CT  
TALLAHASSEE, FL 32311 US

**FEI Number:** 59-1086132

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCHWARTZ, STEVEN JOHN  
3692 COOLIDGE CT  
TALLAHASSEE, FL 32311 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:** STEVEN JOHN SCHWARTZ

04/02/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LAPINE, PATRICK  
Address        3692 COOLIDGE COURT  
City-State-Zip: TALLAHASSEE FL 32311

Title            DIRECTOR  
Name            EGAN, DREW  
Address        3692 COOLIDGE CT  
City-State-Zip: TALLAHASSEE FL 32311

Title            DIRECTOR  
Name            WORRELL, DARRYL  
Address        3692 COOLIDGE CT  
City-State-Zip: TALLAHASSEE FL 32311

Title            CFO  
Name            SCHWARTZ, STEVEN  
Address        3692 COOLIDGE CT  
City-State-Zip: TALLAHASSEE FL 32311

Title            PRESIDENT  
Name            WILLIS, STEVE  
Address        3692 COOLIDGE CT  
City-State-Zip: TALLAHASSEE FL 32311

Title            DIRECTOR  
Name            ANAND, VIMAL  
Address        3692 COOLIDGE CT  
City-State-Zip: TALLAHASSEE FL 32311

Title            DIRECTOR  
Name            BRIDGES, TIMOTHY  
Address        3692 COOLIDGE CT  
City-State-Zip: TALLAHASSEE FL 32311

Title            DIRECTOR  
Name            BAVA, ROBERT  
Address        3692 COOLIDGE CT  
City-State-Zip: TALLAHASSEE FL 32311

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*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:** STEVEN JOHN SCHWARTZ

CFO

04/02/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title BOARD TREASURER  
Name ANISE, OLABODE  
Address 3692 COOLIDGE CT  
City-State-Zip: TALLAHASSEE FL 32311

Title DIRECTOR  
Name MELISSA, KOPP  
Address 3692 COOLIDGE CT  
City-State-Zip: TALLAHASSEE FL 32311

Title BOARD CHAIR  
Name SKAGGS, RICK  
Address 3692 COOLIDGE CT  
City-State-Zip: TALLAHASSEE FL 32311

Title BOARD VICE-CHAIR  
Name HALTER, HANK  
Address 3692 COOLIDGE CT  
City-State-Zip: TALLAHASSEE FL 32311