

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F32291

**FILED  
Apr 06, 2017  
Secretary of State  
CC8354906584**

**Entity Name:** LAKE HIGHLANDS RETIREMENT AND NURSING CENTER, INC.

**Current Principal Place of Business:**

12120 ELBERT ST.  
CLERMONT, FL 34711

**Current Mailing Address:**

12120 ELBERT ST.  
CLERMONT, FL 34711 US

**FEI Number: 59-2082592**

**Certificate of Status Desired: No**

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

HERBERT L. ROGERS JR  
12120 ELBERT ST.  
CLERMONT, FL 34711 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 P  
Name ROGERS, HERBERT L., JR.  
Address 12120 ELBERT ST.  
City-State-Zip: CLERMONT FL 34711

Title VT  
Name KNIGHT, TERESA A.  
Address 340 W. MINNEHAHA AVENUE  
City-State-Zip: CLERMONT FL 34711

Title S  
Name GULLETT, PATRICIA L.  
Address 4238 ROGERS RD  
City-State-Zip: GREENWOOD FL 32443

*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: HERBERT ROGERS**

**PRESIDENT**

**04/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date