

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000009639

**Entity Name:** LPHC 2, INC.**Current Principal Place of Business:**430 HARTSELL AVE.  
LAKELAND, FL 33815**Current Mailing Address:**430 HARTSELL AVE.  
LAKELAND, FL 33815**FEI Number:** 37-1423001**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAXON, BERNICE SESQ  
SAXON, GILMORE, CARRAWAY  
201 E. KENNEDY BLVD., STE. 600  
TAMPA, FL 33602 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	PD
Name	CARPENTER, BARBARA
Address	1339 ROBERT KING HIGH DRIVE
City-State-Zip:	LAKELAND FL 33805

Title	VD
Name	OLDHAM, CARRIE
Address	420 W. VALENCIA STREET
City-State-Zip:	LAKELAND FL 33805

Title	TD
Name	BROWER, KEN
Address	1005 DOROTHY STREET
City-State-Zip:	LAKELAND FL 33815

Title	SECRETARY
Name	STEVENSON, BENJAMIN
Address	430 HARTSELL AVE.
City-State-Zip:	LAKELAND FL 33815

*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:** BENJAMIN STEVENSON**SECRETARY****03/31/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date