

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000014100

Entity Name: LAKE PSYCHOEDUCATIONAL CENTER, INC.

Current Principal Place of Business:

600 N. HWY 27
SUITE # 1
MINNEOLA, FL 34715

Current Mailing Address:

316 BRIMMING LAKE RD
MINNEOLA, FL 34715

FEI Number: 20-4220282

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PENA, GRACE
316 BRIMMING LAKE RD
MINNEOLA, FL 34715 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 PENA, GRACE
Address 316 BRIMMING LAKE RD
City-State-Zip: MINNEOLA FL 34715

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: GRACE PENA

PRESIDENT

01/14/2013

Electronic Signature of Signing Officer/Director Detail

Date