Current Principal Place of Business:

Entity Name: LAKE CENTER OF H.O.P.E., P.A.

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

33057 PROFESSIONAL DR SUITE 102 LEESBURG, FL 34788

Current Mailing Address:

DOCUMENT# P98000014007

33057 PROFESSIONAL DR

LEESBURG, FL 34788

SUITE 102

FEI Number: 59-3500597

Name and Address of Current Registered Agent:

UNGSON, LOURDES N 33057 PROFESSIONAL DR SUITE 102 LEESBURG, FL 34788 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

Officer/Director Detail :

| Title | Р | Title | ST |
|-----------------|-------------------|-----------------|-------------------|
| Name | UNGSON, NICK MMD | Name | UNGSON, LOURDES N |
| Address | 40816 FLETCHER RD | Address | 40816 FLETCHER RD |
| City-State-Zip: | UMATILLA FL 32784 | City-State-Zip: | UMATILLA FL 32784 |

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: LOURDES N. UNGSON

Electronic Signature of Signing Officer/Director Detail

FILED Feb 23, 2016 Secretary of State CC9861256070

Certificate of Status Desired: No

Date

Date