

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000014007

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

**Current Principal Place of Business:**

33057 PROFESSIONAL DR  
SUITE 102  
LEESBURG, FL 34788

**Current Mailing Address:**

33057 PROFESSIONAL DR  
SUITE 102  
LEESBURG, FL 34788

**FEI Number:** 59-3500597

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P	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

**SECRETARY/TREASURER** 04/08/2018

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

\_\_\_\_\_  
Date