

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-28-2003 90071 028 *****61.25

DOCUMENT # 753542

1. Entity Name

LAKE WALES CARE CENTER, INC.



Principal Place of Business

**140 E PARK AVE
LAKE WALES FL 33853
US**

Mailing Address

**140 E PARK AVE
LAKE WALES FL 33853
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2015847**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUAM, ROBERT
140 E. PARK AVE
LAKE WALES FL 33853**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8.14.03

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **SIMS, J. DONALD**
STREET ADDRESS **1011 DESTIN DRIVE**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **PD** ☐ Change ☒ Addition
NAME **Todd Foster**
STREET ADDRESS **P.O. Box 3400**
CITY-ST-ZIP **Lake Wales, FL 33859**

TITLE **VD** ☒ Delete
NAME **FRANCIS, GENE**
STREET ADDRESS **131 E. JOHNSON AVE**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **TO** ☐ Change ☒ Addition
NAME **Bob Martin**
STREET ADDRESS **2626 Eagle Ct**
CITY-ST-ZIP **Lake Wales, FL 33898**

TITLE **TD** ☒ Delete
NAME **KOON, DON**
STREET ADDRESS **620 LORRAINE CIRCLE**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **SO** ☐ Change ☒ Addition
NAME **Mark Levine**
STREET ADDRESS **133 E. Tillman Ave**
CITY-ST-ZIP **Lake Wales, FL 33853**

TITLE **SD** ☐ Delete
NAME **LIGHTSEY, CHARLOTTE**
STREET ADDRESS **2230 SAM KEEN RD.**
CITY-ST-ZIP **LAKE WALES FL 33898**

TITLE **VO** ☒ Change ☐ Addition
NAME **→**
STREET ADDRESS **→**
CITY-ST-ZIP **→**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/2004

863-676-7631

CR2E037 (4/03)