
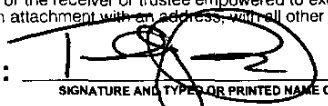


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90010 017 \*\*\*\*61.25

<b>DOCUMENT # N04000007098</b> 1. Entity Name <b>LUMEN VITAE OF GAINESVILLE, INC.</b>																																																																																																																																	
Principal Place of Business <b>4203 NW 67TH TERR. GAINESVILLE, FL 32606</b>			Mailing Address <b>4300 NW 23RD AVE. SUITE 528 GAINESVILLE, FL 32606</b>																																																																																																																														
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																															
City & State		City & State		03192007 Chg-NP CR2E037 (12/06)																																																																																																																													
Zip		Country		4. FEI Number <b>20-1521374</b>																																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																																																																																																															
6. Name and Address of Current Registered Agent  <b>SCOTT, JOAN I 4203 NW 67TH TERR. GAINESVILLE, FL 32606</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																													
<b>Make check payable to Florida Department of State</b>																																																																																																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Delete</td> </tr> <tr> <td>NAME</td> <td>SCOTT, JOAN I</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4203 NW 67TH TERR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE, FL 32606</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>GRANDJEAN BROWN, JOCELYNE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>22122 NW CR 235-A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ALACHUA, FL 32615</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>PERNICE, THOMAS J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10124 SW 17TH PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE, FL 32607</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>STICNA, M.D., JOHN M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8801 NW 23RD AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE, FL 32606</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Change</td> <td style="width: 20%;">Addition</td> </tr> <tr> <td></td> <td>Secretary / Director</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>President / Director</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>Louanne Kerston</td> <td></td> <td></td> </tr> <tr> <td></td> <td>24066 NW 3rd Lane</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Newberry, FL 32669</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Vice-President / Director</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>Maria Filomena Smolenski</td> <td></td> <td></td> </tr> <tr> <td></td> <td>8851 NW 9th Lane</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Gainesville, FL 32606</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	NAME	SCOTT, JOAN I	<input type="checkbox"/>	STREET ADDRESS	4203 NW 67TH TERR.		CITY-ST-ZIP	GAINESVILLE, FL 32606		TITLE	SD	<input checked="" type="checkbox"/>	NAME	GRANDJEAN BROWN, JOCELYNE		STREET ADDRESS	22122 NW CR 235-A		CITY-ST-ZIP	ALACHUA, FL 32615		TITLE	TD	<input type="checkbox"/>	NAME	PERNICE, THOMAS J		STREET ADDRESS	10124 SW 17TH PLACE		CITY-ST-ZIP	GAINESVILLE, FL 32607		TITLE	VD	<input checked="" type="checkbox"/>	NAME	STICNA, M.D., JOHN M		STREET ADDRESS	8801 NW 23RD AVE.		CITY-ST-ZIP	GAINESVILLE, FL 32606		TITLE		<input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change	Addition		Secretary / Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		President / Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Louanne Kerston				24066 NW 3rd Lane				Newberry, FL 32669				Vice-President / Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Maria Filomena Smolenski				8851 NW 9th Lane				Gainesville, FL 32606		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.																																																																																																																																	
<b>SIGNATURE:</b>  <b>Thomas J. Pernice, Treasurer 3/19/07 332-7130</b>																																																																																																																																	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																	