2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# N04000007098

Entity Name: LUMEN VITAE OF GAINESVILLE, INC.

Current Principal Place of Business:

3601 SW 2ND AVE
SUITE K
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

3601 SW 2ND AVE
SUITE K
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 20-1521374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT, JOAN I
4203 NW 67TH TERR.
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	SD	( ) Delete
Name:	SCOTT, JOAN I	
Address:	4203 NW 67TH TERR.	
City-St-Zip:	GAINESVILLE, FL 32606	
Title:	TD	( ) Delete
Name:	PERNICE, THOMAS J	
Address:	10124 SW 17TH PLACE	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	PD	( ) Delete
Name:	SMOLENSKI, MARIA F	
Address:	8851 NW 9TH LANE	
City-St-Zip:	GAINESVILLE, FL 32606	
Title:	VPD	( ) Delete
Name:	MEDYK, MARIA A	
Address:	910 NW 107TH TERRACE	
City-St-Zip:	GAINESVILLE, FL 32608	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J. PERNICE TD 01/10/2009

Electronic Signature of Signing Officer or Director — Date