# 2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Feb 02, 2012**
**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: TD
Name: DAVIDSON, ERIC I
Address: 4927 NW 18TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: PD
Name: SMOLENSKI, MARIA F
Address: 8851 NW 9TH LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: VPD
Name: MEDYK, MARIA A
Address: 910 NW 107TH TERRACE
City-St-Zip: GAINESVILLE, FL 32608

Title: SD
Name: SCOTT, JOAN I
Address: 4203 NW 67TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: DM
Name: KEARNS, JANIE W
Address: 5423 SW 87TH PLACE
City-St-Zip: OCALA, FL 34476

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS J. PERNICE D 02/02/2012

Electronic Signature of Signing Officer or Director Date