

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007430

FILED  
Apr 07, 2011  
Secretary of State

**Entity Name:** LAKE FAITH PROFESSIONAL CENTER ASSOCIATION, INC.

**Current Principal Place of Business:**

260 LOOKOUT PLACE  
SUITE # 201  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

1516 E HILLCREST ST STE 210  
ORLANDO, FL 32803 US

**New Mailing Address:**

**FEI Number:** 54-2192105

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MITCHELL, JR, CHARLES J  
FIRST CAPITAL  
1516 E HILLCREST ST STE 210  
ORLANDO, FL 32803 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: DP  
Name: SIMANTON, DEXTER  
Address: 260 LOOKOUT PLACE , SUITE 202  
City-St-Zip: MAITLAND, FL 32751

Title: DV  
Name: COHN, RICK  
Address: 260 LOOKOUT PLACE , SUITE 105  
City-St-Zip: MAITLAND, FL 32751

Title: DT  
Name: HILAL, TALAL E  
Address: 260 LOOKOUT PLACE , SUITE 201  
City-St-Zip: MAITLAND, FL 32751

Title: DST  
Name: KUPERBERG, JUSTIN  
Address: 2600 LAKE LUCIEN DRIVE , SUITE 180  
City-St-Zip: MAITLAND, FL 32751

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: DEXTER SIMANTON

DP

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date