

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000761

FILED
Aug 29, 2009
Secretary of State

Entity Name: LCA, INC.

Current Principal Place of Business:

20651 NE HIGHWAY 27
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

PO BOX 1795
BRONSON, FL 32621

New Mailing Address:

FEI Number: 33-1200314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BECKHAM, GIGI
95 E MAIN STREET
BRONSON, FL 32621 US

Name and Address of New Registered Agent:

BECKHAM, GIGI RA
95 E MAIN STREET
BRONSON, FL 32621 US

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: GIGI BECKHAM

08/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: COOK, ALESIA
Address: 8951 NE 108TH LANE
City-St-Zip: BRONSON, FL 32621

Title: DVP () Delete
Name: KING, CAROLYN
Address: 12830 SE 25TH STREET
City-St-Zip: MORRISTON, FL 32668

Title: DT () Delete
Name: PERSINGER, AUDRA
Address: 6151 SE 177TH AVE
City-St-Zip: MORRISTON, FL 32668

Title: DS () Delete
Name: PETERSON, KAROLYN
Address: 295 PINE DRIVE
City-St-Zip: BRONSON, FL 32621

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: GIGI BECKHAM

RA

08/29/2009

Electronic Signature of Signing Officer or Director

Date