

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90020 039 ***150.00

DOCUMENT # P04000144624

1. Entity Name
LGS OF NORTH FLORIDA, INC.



Principal Place of Business

10107 DEERCREEK CLUB ROAD EAST
JACKSONVILLE, FL 32256

Mailing Address

10107 DEERCREEK CLUB ROAD EAST
JACKSONVILLE, FL 32256

40079536



04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1970758

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALLOUM, LISA
10107 DEERCREEK CLUB ROAD EAST
JACKSONVILLE, FL 32256

3601 Holly Grove Ave.
JACKSONVILLE, FL 32217

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------------------|
| TITLE | D |
| NAME | SALLOUM, LISA |
| STREET ADDRESS | 3601 Holly Grove Avenue |
| CITY - ST - ZIP | JACKSONVILLE, FL 32256 32217 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
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| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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IN THIS SPACE**

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 607, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-07 904704-9513