

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723850

**Entity Name:** BETA CENTER, INC.**Current Principal Place of Business:**4680 LAKE UNDERHILL ROAD  
ORLANDO, FL 32807**Current Mailing Address:**4680 LAKE UNDERHILL ROAD  
ORLANDO, FL 32807**FEI Number:** 23-7446558**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202-5017 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                         |
|-----------------|-----------------------------------------|
| Title           | CHAIRMAN                                |
| Name            | SIMMONDS, ROBERT (BOB)                  |
| Address         | C/O WALT DISNEY WORLD<br>P.O. BOX 10000 |
| City-State-Zip: | LAKE BUENA VISTA FL 32830               |

|                 |                                      |
|-----------------|--------------------------------------|
| Title           | V-CHAIRMAN                           |
| Name            | BLAKE, SHARON                        |
| Address         | 800 N. MAGNOLIA AVENUE<br>SUITE 1100 |
| City-State-Zip: | ORLANDO FL 32803                     |

|                 |                                                                           |
|-----------------|---------------------------------------------------------------------------|
| Title           | TREASURER                                                                 |
| Name            | SOTO, MICHELLE                                                            |
| Address         | C/O COMMERCE NATIONAL BANK &<br>TRUST<br>1201 S. ORLANDO AVENUE SUITE 370 |
| City-State-Zip: | WINTER PARK FL 32789                                                      |

|                 |                                                     |
|-----------------|-----------------------------------------------------|
| Title           | SECRETARY                                           |
| Name            | ZAIBACK, JULIE                                      |
| Address         | C/O FLORIDA HOSPITAL<br>2400 BEDFORD ROAD 2ND FLOOR |
| City-State-Zip: | ORLANDO FL 32803                                    |

|                 |                          |
|-----------------|--------------------------|
| Title           | PRESIDENT/CEO            |
| Name            | PATRICK, RUTH A.         |
| Address         | 4680 LAKE UNDERHILL ROAD |
| City-State-Zip: | ORLANDO FL 32807         |

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:** RUTH A. PATRICK

PRESIDENT/CEO

02/07/2014

Electronic Signature of Signing Officer/Director Detail

Date