2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2017
Secretary of State
CC6982348014

DOCUMENT# 769472

Entity Name: LIGHTHOUSE CENTRAL FLORIDA, INC.

Current Principal Place of Business:

215 E NEW HAMPSHIRE ST
ORLANDO, FL 32804

Current Mailing Address:

2500 KUNZE AVE
ORLANDO, FL 32806 US

FEI Number: 59-2418228

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NASEHI, LEE
2500 KUNZE AVE
ORLANDO, FL 32806 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	DIRECTOR
Name	DEVINE, PATRICIA D
Address	25 INTERLAKEN ROAD
City-State-Zip:	ORLANDO FL 32804

Title	TREASURER, DIRECTOR
Name	URBACH, NANCY L
Address	1030 W CANTON AVE
City-State-Zip:	WINTER PARK FL 32789

Title	SECRETARY
Name	WESLEY, ERIKA
Address	2500 KUNZE AVE
City-State-Zip:	ORLANDO FL 32806

Title	CHAIRMAN
Name	PREWITT, PAUL C.
Address	207 E. LIVINGSTON STREET
City-State-Zip:	ORLANDO FL 32801

Title	P/O
Name	NASEHI, LEE
Address	2500 KUNZE AVE
City-State-Zip:	ORLANDO FL 32806

Title	DIRECTOR
Name	HULL, ALEX
Address	3000 DOVERA DRIVE, SUITE 200
City-State-Zip:	OVIEDO FL 32745

Title	VC, DIRECTOR
Name	STAHL, DAVID
Address	2006 ALOMA AVE
City-State-Zip:	WINTER PARK FL 32792

Title	DIRECTOR
Name	GUENSCH, KATRINA
Address	973 VICTORIA TERRACE
City-State-Zip:	ALTAMONTE SPRINGS FL 32707

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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: LEE NASEHI PRESIDENT AND CEO 04/11/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	RICHMOND, PRESTON DR.
Address	CENTRAL FLORIDA RETINA 44 LAKE BEAUTY DR. SUITE 300
City-State-Zip:	ORLANDO FL 32806

Title	DIRECTOR
Name	ENNIS, KATHRYN L
Address	2500 KUNZE AVE
City-State-Zip:	ORLANDO FL 32806

Title	DIRECTOR
Name	POSKUS, MICHELLE
Address	2500 KUNZE AVE
City-State-Zip:	ORLANDO FL 32806

Title	DIRECTOR
Name	SPOONE, DAN
Address	2500 KUNZE AVE
City-State-Zip:	ORLANDO FL 32806

Title	DIRECTOR
Name	WEISS, DANNON
Address	2500 KUNZE AVE
City-State-Zip:	ORLANDO FL 32806

Title	DIRECTOR
Name	EISENBERG, GREG
Address	2500 KUNZE AVE
City-State-Zip:	ORLANDO FL 32806

Title	DIRECTOR
Name	MATTHEWS, CATHY
Address	2500 KUNZE AVE
City-State-Zip:	ORLANDO FL 32806

Title	DIRECTOR
Name	SAWANT, ANIKET
Address	2500 KUNZE AVE
City-State-Zip:	ORLANDO FL 32806

Title	DIRECTOR
Name	WEINER, DOUG
Address	2500 KUNZE AVE
City-State-Zip:	ORLANDO FL 32806

Title	DIRECTOR
Name	JOHNSON, EDWARD
Address	2500 KUNZE AVE
City-State-Zip:	ORLANDO FL 32806