

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000009679

FILED
Jan 27, 2015
Secretary of State
CC6190374250

Entity Name: LAKE COUNTY HEALTH CARE PROPERTIES, INC.

Current Principal Place of Business:

602 COURTLAND STREET
SUITE 200
ORLANDO, FL 32804

Current Mailing Address:

602 COURTLAND STREET
SUITE 200
ORLANDO, FL 32804

FEI Number: 47-2179868

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRIMBLE, TAMARA L
900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714 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 P,D
Name GIVENS, MICHELLE
Address 602 COURTLAND STREET, SUITE 200
City-State-Zip: ORLANDO FL 32804

Title AS
Name DE PRADA, ARIEL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AS
Name ADDISCOTT, LYNN
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title CHAIRMAN, DIRECTOR
Name HENDERSCHIEDT, ROBERT
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title D
Name MCMILLAN, FRANK
Address 1302 HAMPSHIRE PLACE CIRCLE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title D
Name CURRAN, PETER
Address 2526 WALNUT HEIGHTS ROAD
City-State-Zip: APOPKA FL 32703

Title ASSISTANT SECRETARY
Name BLOCK, MARK
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASSISTANT SECRETARY
Name JOHNSON, KENT
Address 602 COURTLAND STREET
SUITE 200
City-State-Zip: ORLANDO FL 32804

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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: ARIEL DE PRADA

ASSISTANT SECRETARY 01/27/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT DIRECTOR
Name MCMULLEN, ROBERT
Address 602 COURTLAND STREET
SUITE 200
City-State-Zip: ORLANDO FL 32804

Title ASSISTANT SECRETARY
Name SAUNDERS, MICHAEL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASSISTANT SECRETARY
Name SINGLETON, DAVID
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASSISTANT SECRETARY
Name RODMAN, DAVID
Address 602 COURTLAND STREET
SUITE 200
City-State-Zip: ORLANDO FL 32804

Title ASSISTANT SECRETARY
Name SHAW, TERRY
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714