

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000034445

**Entity Name:** CARE CENTER OF LAKE PLACID, INC.

**Current Principal Place of Business:**

299 E. INTERLAKE BLVD.  
LAKE PLACID, FL 33852

**Current Mailing Address:**

299 E. INTERLAKE BLVD.  
LAKE PLACID, FL 33852

**FEI Number:** 46-5372164

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALKER, VERONICA G  
299 E. INTERLAKE BLVD.  
LAKE PLACID, FL 33852 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:** VERONICA G WALKER

04/25/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WALKER, VERONICA  
Address 299 E. INTERLAKE BLVD.  
City-State-Zip: LAKE PLACID FL 33852

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VERONICA WALKER

PRESIDENT

04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date