

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 692578

FILED  
Feb 20, 2006  
Secretary of State

Entity Name: LAKE CITY MEDICAL GROUP, P.A.

## Current Principal Place of Business:

404 NW HALL OF FAME  
LAKE CITY, FL 32055 US

## New Principal Place of Business:

## Current Mailing Address:

404 NW HALL OF FAME  
LAKE CITY, FL 32055 US

## New Mailing Address:

FEI Number: 59-2106907

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WRIGHT, RICHARD L.  
602 HALL OF FAMS DRIVE  
LAKE CITY, FL 32055 US

## Name and Address of New Registered Agent:

WRIGHT, RICHARD L.  
404 HALL OF FAMS DRIVE  
LAKE CITY, FL 32055 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:

02/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: WRIGHT, RICHARD L.,  
Address: 602 HALL OF FAME DRIVE  
City-St-Zip: LAKE CITY, FL

Title: VPSD ( ) Delete  
Name: STRAUSS, GUY S  
Address: 602 HALL OF FAME DRIVE  
City-St-Zip: LAKE CITY, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: WRIGHT, RICHARD L.,  
Address: 404 HALL OF FAME DRIVE  
City-St-Zip: LAKE CITY, FL

Title: VPSD (X) Change ( ) Addition  
Name: STRAUSS, GUY S  
Address: 404 HALL OF FAME DRIVE  
City-St-Zip: LAKE CITY, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHY LOVELACE

CEO

02/20/2006

Electronic Signature of Signing Officer or Director

Date