

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90268 029 ***150.00

DOCUMENT # P93000087334

1. Entity Name
LAKELAND HEALTH CARE CENTER, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1350 SLEEPY HILL ROAD LAKELAND FL 33810 US	Mailing Address 1901 MORRILL ST. SARASOTA FL 34236-6934 US
---	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 100 SOUTH ELMWOOD AV 4 TH FLOOR BUFFALO N.Y. Zip 14202 Country USA
--	--

4. FEI Number 65-0463780	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~BRADLEY, STEVEN R
 1901 MORRILL STREET
 SARASOTA FL 34236~~

7. Name and Address of New Registered Agent
 Name: ~~JOHN CASE~~ DAVID KNOLL
 Street Address (P.O. Box Number is Not Acceptable):
 1350 SLEEPY HILL RD.
 City: LAKELAND FL Zip Code: 33810

8. 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: *[Signature]* CITMUN BD DIR / CEO-R/A 4-26-00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADLEY, STEVEN R 1901 MORRILL ST. SARASOTA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KEEN, GAYLE A 1901 MORRILL ST. SARASOTA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN - BD DIRECTORS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CEO DAVID R. KNOLL 33810 1350 SLEEPY HILL RD LAKELAND, FLA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DONALD LAMBER, PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1350 SLEEPY HILL RD LAKELAND, FLA. 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN CASE 1350 SLEEPY HILL RD LAKELAND, FLA 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES A. NYDING 3255 LOCKPORT RD. NIAGARA FALLS, NY. 14305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HAROLD SCHECTMAN 135 DELAWARE AVE BUFFALO NY. 14202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ARUNOOL SACHDEV, M.D. 203 NOXBURY PARK AMHERST NY. 14051

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 697, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 4-26-00 716 998 1191
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)