

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 236380

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** LAKE WORTH AUTO HOSPITAL INC

**Current Principal Place of Business:**

117 S DIXIE HIGHWAY  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

C/O THOMAS E. WEBB, JR.  
4367 HARLEM RD.  
AMHERST, NY 14226

**New Mailing Address:**

**FEI Number:** 59-0899616      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BULMAN, RICHARD ESQ.  
612 SOUTHEAST FIFTH AVE., STE. 1  
FORT LAUDERDALE, FL 33301 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: WEBB, THOMAS E JR.  
Address: 4367 HARLEM RD.  
City-St-Zip: AMHERST, NY 14226

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: RICHARD C. BULMAN, JR., ESQ.

RAGT

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date