

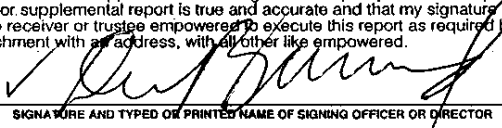


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90044 024 ***150.00

DOCUMENT # 538141 1. Entity Name LAKE SURGICAL CLINIC, P.A.					
Principal Place of Business 601 EAST DIXIE LRMC PLAZA #1001 LEESBURG, FL 34748-5982			Mailing Address 601 EAST DIXIE LRMC PLAZA #1001 LEESBURG, FL 34748-5982		
2. Principal Place of Business 1111 WEST DIXIE AVENUE		3. Mailing Address 1111 WEST DIXIE AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LEESBURG, FL		City & State LEESBURG, FL			
Zip 34748		Country USA		4. FEI Number 59-1753397	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BURNSED, DAVID W., M.D. 601 EAST DIXIE LRMC PLAZA #1001 LEESBURG, FL 34748-5982				7. Name and Address of New Registered Agent Name BURNSED, DAVID W., M.D. Street Address (P.O. Box Number is Not Acceptable) 1111 WEST DIXIE AVENUE City LEESBURG	
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. I am familiar with, and accept the obligations of registered agent.				DATE	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BURNSED, DAVID W., M.D. 601 E DIXIE LRM PL LEESBURG, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BURNSED, DAVID W., M.D. 1111 WEST DIXIE AVENUE LEESBURG, FL 34748 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 3/15/05 Daytime Phone #					