2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 611751

Entity Name: THE LAKE DOCTORS, INC.

Current Principal Place of Business:

3523 STATE RD. 419
WINTER SPGS., FL 32708

New Principal Place of Business:

Current Mailing Address:

3523 STATE RD. 419
WINTER SPGS., FL 32708

New Mailing Address:

FEI Number: 59-1886601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAMS, JAMES L
3523 STATE ROAD 419
WINTER SPRINGS, FL 32708 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLIAMS, JAMES L,
Address: 111 MANGROVE ESTATES CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ST ( ) Delete
Name: WILLIAMS, JAMES L.,
Address: 111 MANGROVE ESTATES CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: V ( ) Delete
Name: WILLIAMS, JAMES L.,
Address: 111 MANGROVE ESTATES CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: STACY STEWART,
Address: 1438 NORTHERN WAY
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify 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: JAMES L. WILLIAMS PD 03/19/2009
Electronic Signature of Signing Officer or Director Date