

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 650019 (3)  
1. Corporation Name  
LAKE COUNTY SURGICAL AND MEDICAL SUPPLY, INC.



Principal Place of Business Mailing Address  
734 N THIRD ST SUITE 407-1 734 N THIRD ST SUITE 407-1  
LEESBURG FL 34748 LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1034 W DIXIE AV		26 1034 W DIXIE AV		12/31/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2105670	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 LEESBURG FL		28 LEESBURG FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 34748 25 USA		29 34748 30 USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SENNETT, SHIRLEY H				81 Name			
734 NORTH THIRD STREET, SUITE 407-1				82 Street Address (P.O. Box Number is Not Acceptable)			
LEESBURG FL 34748				1034 W DIXIE AV			
				83			
				84 City			
				LEESBURG FL			
				85 Zip Code			
				34748			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PDS	SENNETT, SHIRLEY H	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
734 N THIRD ST, STE 407-1		1.3 STREET ADDRESS	1034 W DIXIE AV
LEESBURG FL 34748		1.4 CITY - ST - ZIP	LEESBURG FL 34748
VD	SENNETT, TIMOTHY H.	2.1 TITLE	
704 BOYLE ST.		2.2 NAME	
LEESBURG FL 34748		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SHIRLEY H SENNETT APR 17 1998 352-326-0411

CR2E034 (10/97)