


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # 761553 1. Entity Name OAKLAKE CENTRE OFFICE CONDOMINIUM, INC.	
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Principal Place of Business 2595 TAMPA ROAD SUITE R PALM HARBOR, FL 34684 US	Mailing Address C/O MARY ANN MORABETO 18752 WELLBORN LN SPRING HILL, FL 34610 US
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01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2353468	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 MORABETO, SEC., MARY ANN 18752 WELLBORN LN SPRING HILL, FL 34610

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-installing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ADKINS, M.D., JAMES W 2595 TAMPA RD, STE. R PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ARROYA, FERNANDO M D 2595 TAMPA RD, STE V-W PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRIEND, MICHAEL D D.S 2595 TAMPA RD, STE L PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOSHI, PANKAT 2595 TAMPA RD, STE D PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KUNDRA, NAVNIT M D 2595 TAMPA RD, STE SVT PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARVIZI, SAM M D 2595 TAMPA RD, STE N PALM HARBOR, FL 34684

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01/12/06-80013-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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: 	PRES.	1/5/06	781-785-8877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

JAMES W. ADKINS, M.D.