

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # K96887	
1. Entity Name LAKESHORE MEDICAL CARE CENTER, INC.	

Principal Place of Business 4616 SAN JUAN AVE. JACKSONVILLE, FL 32210	Mailing Address 4616 SAN JUAN AVE. JACKSONVILLE, FL 32210
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DO NOT WRITE IN THIS SPACE



03312006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2953696	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MONTEALEGRE, MICHAEL
4616 SAN JUAN AVE.
JACKSONVILLE, FL 32210**

**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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	U00000523932 05/03/06-80092-015 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUNYA, CHALERMCHAI PUNYA 4616 SAN JUAN AVE. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTEALEGRE, MICHAEL 4616 SAN JUAN AVE. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRALBA, TOBIN 4616 SAN JUAN AVE. JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 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 Michael Montelegre **MICHAEL MONTEALEGRE** 4-11-06 945845885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #