

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90035 004 ***150.00

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**

40052810



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2953696	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**Teagle, Tracy
4616 San Juan Av.
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 *Tracy Teagle* **Tracy Teagle Office Manager 1-17-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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 Teagle, Tracy 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	

**DO NOT WRITE
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: *Tracy Teagle* **Tracy Teagle Office Manager 1-17-08 901-384-5385**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #