

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K96887

FILED
Apr 27, 2010
Secretary of State

Entity Name: LAKESHORE MEDICAL CARE CENTER, INC.

Current Principal Place of Business:

4616 SAN JUAN AVE.
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4616 SAN JUAN AVE.
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-2953696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEAGLE, TRACY
4616 SAN JUAN AV.
JACKSONVILLE, FL 32210 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: D
Name: PUNYA, CHALERMCHAI MD
Address: 4616 SAN JUAN AVE.
City-St-Zip: JACKSONVILLE, FL

Title: O
Name: TEAGLE, TRACY
Address: 4616 SAN JUAN AVE.
City-St-Zip: JACKSONVILLE, FL

Title: D
Name: TORRALBA, TOBIN
Address: 4616 SAN JUAN AVE.
City-St-Zip: JACKSONVILLE, FL 32210

I hereby 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 all other like empowered.

SIGNATURE: TRACY TEAGLE

SEC

04/27/2010

Electronic Signature of Signing Officer or Director

Date