2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# K96887

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

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 04/29/2011

Electronic Signature of Signing Officer or Director Date