2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2011
Secretary of State

DOCUMENT# L10000108441

Entity Name: LAKE DRIVE MEDICAL LLC

Current Principal Place of Business:

1973 SW MACKENZIE ST
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

1973 SW MACKENZIE ST
PORT ST LUCIE, FL 34953

New Mailing Address:

P.O. BOX 880565
PORT ST LUCIE, FL 34986

FEI Number: 27-3705223 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALBERTO, NICHOLAS
1973 SW MACKENZIE ST
PORT ST LUCIE, FL 34953 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: HAFFEY, GERALD
Address: 1973 SW MACKENZIE ST
City-St-Zip: PORT ST LUCIE, FL 34953

Title: MGRM
Name: CHIURATO, MARC
Address: 1973 SW MACKENZIE ST
City-St-Zip: PORT ST LUCIE, FL 34953

Title: MGRM
Name: ALBERTO, NICHOLAS
Address: 1973 SW MACKENZIE ST
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: MARC CHIURATO MGRM 02/11/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date