


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L55183</b><br>1. Entity Name<br>LAKE DIALYSIS CENTER, INC. |  |
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|--|--|
| Principal Place of Business<br>PO BOX 8<br>MOUNT DORA, FL 32756 US | Mailing Address<br>PO BOX 8<br>MOUNT DORA, FL 32756 US |
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02062004 No Chg-P CR2E034 (10/03)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-3001778                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|  |                                       |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>JOHN S RICE<br>627 N DONNELLY STREET<br>SUITE 1<br>MOUNT DORA, FL 32757 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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.

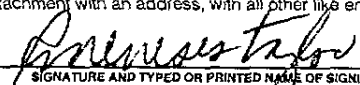
|   |  |            |
|---|--|------------|
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|

|   |  |   |
|---|--|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | U00000074280<br>03/03/04-80014-001 150.00 |
|---|--|---|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>MENESES-TAYLOR, RUTH, MD<br>3801 N HWY 19-A, STE 402<br>MT DORA, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>DOOMS, JOHN<br>202 COCONUT AVE PO BOX 2113<br>ANNA MARIA, FL        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

|   |   |                     |                                |
|---|---|---------------------|--------------------------------|
| <b>SIGNATURE:</b>  | <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |
|---|---|---------------------|--------------------------------|