

Apr 27 04 10:44a

TERESA F HAMMILL, C.P.A.

(561) 338-9184

p.2

FILED

May 03, 2004 08:00 AM  
Secretary of State2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # L83166

1. Entity Name

LAKE PARK MEDICAL CARE CENTER, INC.



Principal Place of Business

C/O TERESA DELGADO, M.D.  
415 FEDERAL HWY STE D  
LAKE PARK, FL 33403 US

Mailing Address

C/O TERESA DELGADO, M.D.  
415 FEDERAL HWY STE D  
LAKE PARK, FL 33403 US

DO NOT WRITE IN THIS SPACE

04272004

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-0204468

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DELGADO, TERESA M  
415 FEDERAL HWY  
STE D  
LAKE PARK, FL 33403DO 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

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, 2004 Fee will be \$550.009. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees000000152980  
05/04/04-80108-004 158.75

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME DELGADO, TERESA MD  
STREET ADDRESS 415 FEDERAL HWY STE D  
CITY-ST-ZIP LAKE PARK, FLTITLE STD  
NAME NICKLER, RICHARD D  
STREET ADDRESS 415 FEDERAL HWY STE D  
CITY-ST-ZIP LAKE PARK, FLTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2004

(561) 842-5900