|                                                                                                                                                                                                                                         | FILE N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OW: FILIN                                                                                                               | G FEE IS \$61.2                                                                         | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FILED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |
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| CORPORATION<br>ANNUAL REPORT                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         | Sandra B. Mortham<br>Secretary of State                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |
| 1997                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         | DIVISION OF CORPORATIONS                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Secretary of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |
|                                                                                                                                                                                                                                         | MENT # N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 119898                                                                                                                  | (8)                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |
| LAKE S                                                                                                                                                                                                                                  | HORE HEALTH,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | INC.                                                                                                                    |                                                                                         | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | n hadalakak atta kata kata kata kata katua katua katua katu akatu dikatu dikatu akatu akatu akatu akatu akatu b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11 <b>10 0</b> 1                                                       |
| Principal Place of Business Mailing Address                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |
| 00 NW 89 BLVD<br>INESVILLE FL 32606                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         | 4300 NW 89 BLVD<br>Gainesville FL 32606-5688                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |
| IEQVILLE FL                                                                                                                                                                                                                             | . 32000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         | US                                                                                      | lo<br>I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3. Date Incorporated or Qualified 3e. Date of Last Report<br>03/3 1/1987 07/17/1996                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1                                                                      |
| Principal Pl                                                                                                                                                                                                                            | lace of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ,                                                                                                                       | 2a. Mailing Address                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4. FEI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |
| Suite Act                                                                                                                                                                                                                               | # 010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         | 26                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 59-2790725 Not App                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | plicable                                                               |
| Suite, Apt.                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         | Suite, Apt. #, etc.                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5. Certificate of Status Desired Sta |                                                                        |
| City & State                                                                                                                                                                                                                            | e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         | City & State                                                                            | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6. Election Campaign Financing \$5.00 May                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |
| Ζφ                                                                                                                                                                                                                                      | Coun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | try                                                                                                                     | Zip                                                                                     | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Trust Fund Contribution Added to Fee<br>8. This corporation has liability for intangible tax under s. 199.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |
|                                                                                                                                                                                                                                         | 25<br>9. Name and Addi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ess of Current F                                                                                                        | 29<br>Registered Agent                                                                  | 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Florida Statutes Ves No<br>10. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |
|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         |                                                                                         | 81 Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |
|                                                                                                                                                                                                                                         | MOLLIN, STEPHEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | J                                                                                                                       |                                                                                         | 82 Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |
| A SUMI RUM                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |
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| 4300 NW<br>GAINESV                                                                                                                                                                                                                      | ALLE FL 32606                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                         |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | es Zin Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ·                                                                      |
| GAINESV                                                                                                                                                                                                                                 | /ILLE FL 32606                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ctions 617,0502 g                                                                                                       | nd 617.1508, Florida Statu                                                              | 84 City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>FL 85</b> Zip Code<br>corporation submits this statement for the purpose of changing its regi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |
| GAINESV<br>Pursuant t<br>office or re<br>agent. Lar                                                                                                                                                                                     | ALLE FL 32606<br>to the provisions of Se<br>registered agent, or bo<br>im familiar with, and ac                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         |                                                                                         | 84 City<br>tes, the above-named<br>authorized by the corr<br>orida Statutes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | corporation submits this statement for the purpose of changing its regist<br>oration's board of directors. I hereby accept the appointment as regist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |
| GAINESV<br>Pursuant t<br>office or ri<br>agent. Lar<br>GNATURE                                                                                                                                                                          | ALLE FL 32606<br>to the provisions of Se<br>registered agent, or bo<br>im familiar with, and ac<br>Signature, typed or printed na                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         | nd title if applicable (NO<br>DIRECTORS                                                 | 84 City<br>tes, the above-named<br>authorized by the corporida Statutes.<br>TE: Registered Agent signature<br>13.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Corporation submits this statement for the purpose of changing its regist     ioration's board of directors. I hereby accept the appointment as regist     required when reinstating)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | istered<br>stered                                                      |
| GAINESV<br>Pursuant t<br>office or rr<br>agent. I ar<br>SNATURE                                                                                                                                                                         | ALLE FL 32606<br>to the provisions of Se<br>registered agent, or bo<br>im familiar with, and ac<br>Signature, typed or printed nai                                                                                                                                                                                                                                                                                                                                                                                                     | ne of registered agent a<br>OFFICERS AND [                                                                              | nd tille il applicable (NO                                                              | B4 City     tes, the above-named     authorized by the corr     orida Statutes.      TE: Registered Agent signature     13.     1.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Corporation submits this statement for the purpose of changing its regist     corporation's board of directors. I hereby accept the appointment as regist     required when reinstating)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN     D     D     D     D     D     D     D     D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | istered<br>stered                                                      |
| GAINESV<br>Pursuant t<br>office or re<br>agent. Lar<br>sNATURE                                                                                                                                                                          | ALLE FL 32606<br>to the provisions of Se<br>registered agent, or bo<br>im familiar with, and ac<br>Signature, typed or printed na                                                                                                                                                                                                                                                                                                                                                                                                      | me of registered agent a<br>OFFICERS AND E                                                                              | nd title if applicable (NO<br>DIRECTORS                                                 | 84 City<br>tes, the above-named<br>authorized by the corporida Statutes.<br>TE: Registered Agent signature<br>13.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Corporation submits this statement for the purpose of changing its registration's board of directors. I hereby accept the appointment as regist     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D           | istered<br>stered                                                      |
| GAINESV<br>Pursuant t<br>office or m<br>agent. 1 an<br>iNATURE _<br>iNATURE _<br>ist ADDRESS<br>- ST- ZIP                                                                                                                               | ALLE FL 32606<br>to the provisions of Se<br>egistered agent, or bo<br>im familiar with, and ac<br>Signature, typed or printed na<br>BULLARD, AUDRI<br>8930 NW 39TH A<br>GAINESVILLE FL                                                                                                                                                                                                                                                                                                                                                 | me of registered agent a<br>OFFICERS AND E                                                                              | nd tille if applicable (NO<br>DIRECTORS                                                 | B4 City     City     tes, the above-named     authorized by the corr     orida Statutes.     I3.     1.1 TITLE     1.2 NAME     1.3 STREET ADDRESS     1.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FL         corporation submits this statement for the purpose of changing its registoration's board of directors. I hereby accept the appointment as regist         required when reinstating)         DATE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN         D       DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | istered<br>stered<br>12<br>Addition                                    |
| GAINESV<br>Pursuant t<br>office or rr<br>agent. I ar<br>NATURE<br>E<br>E<br>E<br>E<br>t ADDRESS<br>-ST-ZIP                                                                                                                              | ALLE FL 32606<br>to the provisions of Se<br>registered agent, or bo<br>im familiar with, and ac<br>Signature, typed or printed na<br>BULLARD, AUDRI<br>8930 NW 39TH A<br>GAINESVILLE FL<br>D                                                                                                                                                                                                                                                                                                                                           | me of registered agent a<br>OFFICERS AND E                                                                              | nd title if applicable (NO<br>DIRECTORS                                                 | 84         Crity           tes, the above-named authorized by the corrorida Statutes.         1000000000000000000000000000000000000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Corporation submits this statement for the purpose of changing its registration's board of directors. I hereby accept the appointment as regist     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D     D           | istered<br>stered                                                      |
| GAINESY<br>Pursuant t<br>office or re<br>agent. Lar<br>NATURE<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E                                                                                                                              | ALLE FL 32606<br>to the provisions of Se<br>egistered agent, or bo<br>im familiar with, and ac<br>Signature, typed or printed na<br>BULLARD, AUDRI<br>8930 NW 39TH A<br>GAINESVILLE FL                                                                                                                                                                                                                                                                                                                                                 | ne of registered agent a<br>OFFICERS AND E<br>EY<br>VENUE                                                               | nd tille if applicable (NO<br>DIRECTORS                                                 | B4 City     City     tes, the above-named     authorized by the corr     orida Statutes.     I3.     1.1 TITLE     1.2 NAME     1.3 STREET ADDRESS     1.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FL         corporation submits this statement for the purpose of changing its registoration's board of directors. I hereby accept the appointment as regist         required when reinstating)         DATE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN         D       DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | istered<br>stered<br>12<br>Addition                                    |
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## Lake Shore Health, Inc. (Addendum to 1997 Corporation Annual Report )

D Daniels, Al, 4300 NW 89 Blvd, Gainesville, FL 32606
D Martsolf, Mary, 4300 NW 89 Blvd, Gainesville, FL 32606
D Nell, Cathy, 4300 NW 89 Blvd, Gainesville, FL 32606
DC Carr, Glenna, 4300 NW 89 Blvd., Gainesville, FL 32606

Asst Secretary Hughey, Philip J. 4300 NW 89 Blvd Gainesville, FL 32606