


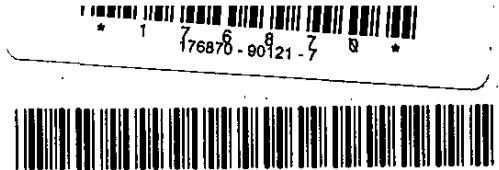
FILE NOW: FILING FEE IS \$61.25

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Mar 05, 1999 8:00 am
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03-05-1999 90121 007 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N19898					
1. Corporation Name LAKE SHORE HEALTH, INC.					
Principal Place of Business 4300 NW 89 BLVD GAINESVILLE FL 32606 US			Mailing Address 4300 NW 89 BLVD GAINESVILLE FL 32606 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/31/1987	
		4. FEI Number 59-2790725		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DEMONTMOLLIN, STEPHEN J 4300 NW 89 BLVD GAINESVILLE FL 32606			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BULLARD, AUDREY		1.2 NAME		
STREET ADDRESS	4300 NW 89 BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRENCH, ROYAL		2.2 NAME		
STREET ADDRESS	4300 NW 89 BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		2.4 CITY-ST-ZIP		
TITLE	DVC	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOUNGER, WILLIAM		3.2 NAME		
STREET ADDRESS	4300 NW 89 BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		3.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEDDIE, EDWARD		4.2 NAME		
STREET ADDRESS	4300 NW 89 BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		4.4 CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOWNSEND, WALLACE		5.2 NAME		
STREET ADDRESS	4300 NW 89 BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BULLARD, AUDREY		6.2 NAME		
STREET ADDRESS	4300 NW 89 BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Philip H. Hughes (Philip Hughes)* 1/8/99 305 671 4916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

176870-90721-7
N19898

Lake Shore Health, Inc.
Corporation # N19898
(Addendum to 1999 Corporation Annual Report)

DC Carr, Glenna 4300 NW 89 Blvd., Gainesville, FL 326906

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

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