04 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N38513

1. Entity Name
LAKE MEDICAL BUILDING, INC.

Principal Place of Business	Mailing Address
3801 N. HIGHWAY 19-A MT. DORA, FL 32757	3801 N. HIGHWAY 19-A MT. DORA, FL 32757

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01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3130944

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LONG, DOTTIE C
3801 NORTH HWY 19-A
SUITE 408
MT. DORA, FL 32757

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TAYLOR, KEVIN T.
STREET ADDRESS	3801 N. HWY 19-A, #402
CITY-ST-ZIP	MT. DORA, FL
TITLE	D
NAME	MENESES-TAYLOR, RUTH
STREET ADDRESS	3801 N. HWY 19-A, #402
CITY-ST-ZIP	MT. DORA, FL
TITLE	D
NAME	RIDINGER, WILLIAM L.
STREET ADDRESS	3801 NORTH HWY 19-A #406
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	DTS
NAME	CULLEN, DOTTIE
STREET ADDRESS	3801 NORTH HWY 19-A #408
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/22/04-80017-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dottie C Cullen Dottie C Cullen 1/14/04 352-735-1120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #