

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N38513

FILED  
Oct 10, 2005  
Secretary of State

Entity Name: LAKE MEDICAL BUILDING, INC.

## Current Principal Place of Business:

3801 N. HIGHWAY 19-A  
MT. DORA, FL 32757

## New Principal Place of Business:

## Current Mailing Address:

3801 N. HIGHWAY 19-A  
MT. DORA, FL 32757

## New Mailing Address:

3801 N. HIGHWAY 19-A  
SUITE #408  
MT. DORA, FL 32757

FEI Number: 59-3130944      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

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.

SIGNATURE: DOTTIE C CULLEN

10/10/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: TAYLOR, KEVIN T.,  
Address: 3801 N. HWY 19-A, #402  
City-St-Zip: MT. DORA, FL

Title: D ( ) Delete  
Name: MENESES-TAYLOR, RUTH,  
Address: 3801 N. HWY 19-A, #402  
City-St-Zip: MT. DORA, FL

Title: D ( ) Delete  
Name: RIDINGER, WILLIAM L.,  
Address: 3801 NORTH HWY 19-A #406  
City-St-Zip: MOUNT DORA, FL 32757

Title: DTS ( ) Delete  
Name: CULLEN, DOTTIE  
Address: 3801 NORTH HWY 19-A #408  
City-St-Zip: MOUNT DORA, FL 32757

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOTTIE C CULLEN

DTS

10/10/2005

Electronic Signature of Signing Officer or Director

Date