



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N38513 1. Entity Name LAKE MEDICAL BUILDING, INC.	
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Principal Place of Business 3801 N. HIGHWAY 19-A MT. DORA, FL 32757	Mailing Address 3801 N. HIGHWAY 19-A SUITE #408 MT. DORA, FL 32757
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DO NOT WRITE IN THIS SPACE



03072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3130944	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CULLEN, DOTTIE C 3801 NORTH HWY 19-A SUITE 408 MT. DORA, FL 32757	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000664826 03/22/07-80061-011 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TAYLOR, KEVIN T. 3801 N. HWY 19-A, #402 MT. DORA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENESES-TAYLOR, RUTH 3801 N. HWY 19-A, #402 MT. DORA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDINGER, WILLIAM L. 3801 NORTH HWY 19-A #406 MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS CULLEN, DOTTIE 3801 NORTH HWY 19-A #408 MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **3/8/07 362735-1120**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #