

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38513

FILED
May 01, 2009
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
SUITE #408
MT. DORA, FL 32757

New Mailing Address:

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:

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: _____

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 32757

Title: D () Delete
Name: MENESES-TAYLOR, RUTH
Address: 3801 N. HWY 19-A, #402
City-St-Zip: MT. DORA, FL 32757

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 exemption stated 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 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

05/01/2009

Electronic Signature of Signing Officer or Director

Date