

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38513

FILED  
May 03, 2010  
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  
**Name:** TAYLOR, KEVIN T.  
**Address:** 3801 N. HWY 19-A, #402  
**City-St-Zip:** MT. DORA, FL 32757

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DOTTIE C CULLEN

DTS

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date