

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38513

**FILED**  
**May 01, 2011**  
**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:**

3801 N. HIGHWAY 19-A  
SUITE #402  
MT. DORA, FL 32757

**FEI Number:** 59-3130944

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

HORNER, KELLY  
3801 NORTH HWY 19-A  
SUITE 402  
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: KELLY HORNER

05/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: TAYLOR, KEVIN T.  
Address: 3801 N. HWY 19-A SUITE #402  
City-St-Zip: MT. DORA, FL 32757

Title: D  
Name: MENESES-TAYLOR, RUTH  
Address: 3801 N. HWY 19-A SUITE #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: KEVIN TAYLOR MD PA

DP

05/01/2011

Electronic Signature of Signing Officer or Director

Date