

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000058672

FILED
Jan 05, 2005
Secretary of State

Entity Name: LAKE'S MEDICAL OFFICES, INC.

Current Principal Place of Business:

6222 JOHNSON ST
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

6222 JOHNSON ST
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 65-1022729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACOSTA, MANUEL
4000 SW 130 AVE
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ACOSTA, MANUEL
Address: 4000 SW 130 AVE
City-St-Zip: MIAMI, FL 33175PD

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL ACOSTA

PSTD

01/05/2005

Electronic Signature of Signing Officer or Director

Date