2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# P00000058672

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL ACOSTA PSDT 05/01/2007

Electronic Signature of Signing Officer or Director Date