

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000058672

FILED
Apr 22, 2009
Secretary of State

Entity Name: LAKE'S MEDICAL OFFICES, INC.

Current Principal Place of Business:

6260 JOHNSON ST.
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

6260 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: OWNE () Delete
Name: ZABALA, ARMANDO
Address: 6222 JOHNSON ST
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OWNE (X) Change () Addition
Name: ZABALA, ARMANDO
Address: 6260 JOHNSON ST.
City-St-Zip: HOLLYWOOD, FL 33024

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: ARMANDO ZABALA

OWNR

04/22/2009

Electronic Signature of Signing Officer or Director

Date