

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000058672

**FILED**  
**Sep 16, 2010**  
**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:**

ZABALA, ARMANDO  
6260 JOHNSON ST.  
HOLLYWOOD, FL 33024 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:** ARMANDO ZABALA

09/16/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** OWNE  
**Name:** ZABALA, ARMANDO  
**Address:** 6260 JOHNSON ST.  
**City-St-Zip:** HOLLYWOOD, FL 33024

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

**SIGNATURE:** ARMANDO ZABALA

OWNE

09/16/2010

Electronic Signature of Signing Officer or Director

Date