


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000042751
 1. Entity Name
 EAST LAKE PROFESSIONAL CENTER, INC.



Principal Place of Business Mailing Address
 3488 EAST LAKE ROAD 3488 EAST LAKE ROAD
 PALM HARBOR, FL 34685 US 402
 PALM HARBOR, FL 34685 US

DO NOT WRITE IN THIS SPACE



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3715030 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MEHTA, MAYUR J
 3488 EAST LAKE ROAD
 402
 PALM HARBOR, FL 34685

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MEHTA, DR. MAYUR J DDS
STREET ADDRESS	3488 EAST LAKE ROAD, STE. 402
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000832225
 02/27/08-80050-012 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
 Date: 02-12-08 Daytime Phone #: 727-785-7461