2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2012
Secretary of State

DOCUMENT# P01000107366

Entity Name: LAKE POINT MEDICAL ASSOCIATES,INC.

Current Principal Place of Business:

3375 WEDGEWOOD LANE
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

3375 WEDGEWOOD LANE
THE VILLAGES, FL 32162

New Mailing Address:

FEI Number: 59-3755081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REDDY, SRINIVAS
3375 WEDGEWOOD LN
THE VILLAGES, FL 32162 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

OFFICERS AND DIRECTORS:

Title: P
Name: SRINIVAS, REDDY
Address: 3375 WEDGEWOOD LN
City-St-Zip: THE VILLAGES, FL 32162

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: SRINIVAS REDDY PRES 02/09/2012

Electronic Signature of Signing Officer or Director Date