


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

05-05-2004 90222 003 ***150.00

DOCUMENT # P02000089140					
1. Entity Name LAKES MEDICAL CENTER, INC.					
Principal Place of Business 6630 SW 93RD AVENUE MIAMI, FL 33173			Mailing Address 6630 SW 93RD AVENUE MIAMI, FL 33173		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent VEGA, DAMARYS E 6630 SW 93RD AVENUE MIAMI, FL 33173			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST VEGA, DAMARYS E 6630 SW 93RD AVENUE MIAMI, FL 33173	<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Date					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66432379



08042004 Chg-P CR2E034 (10/03)

4. EIN # 90-0159783 Applied For
Not Applicable

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

ATTACHMENT

66432379

LAKES MEDICAL CENTER, INC.

6630 SW 93RD AVENUE

Miami, FL 33173

August 4, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Lakes Medical Center, Inc.
Document # P02000089140

Dear Representative:

Enclosed please find the 2004 "For Profit Corporation Annual Report" for Lakes Medical Center, Inc. for processing. Please note that the original report was filed on May 2004 together with the \$150 filing fee. Upon review of your website we realized that the report appears not to have been filed.

According to our conversation with a representative from the Division of Corporations, a letter was sent requesting an EIN for Lakes Medical Center, Inc. in order to complete the processing of the report. We respectfully request the abatement of the late filing penalty due to the fact that this request for missing information was not received.

If you have any questions or require additional information regarding this matter, please do not hesitate to contact Jose Smith at 305-441-1012 ext. 233.

Sincerely,



Jose E. Smith