

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90149 016 ***150.00

DOCUMENT # P03000068048 1. Entity Name LAKE BUTLER MEDICAL CLINIC, INC.					
Principal Place of Business 400 NE 8TH AVENUE LAKE BUTLER, FL 32054			Mailing Address 400 NE 8TH AVENUE LAKE BUTLER, FL 32054		
2. Principal Place of Business Suite, Apt. #, etc. 675 EAST MAIN STREET			3. Mailing Address Suite, Apt. #, etc. P.O. Box 188		
City & State LAKE BUTLER, FL.			City & State LAKE BUTLER, FL.		
Zip 32054		Country U.S.A.		Zip 32054	
Country USA		4. FEI Number NOT APPLICABLE			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LLOYD, MARTHA 400 NE 8TH AVENUE LAKE BUTLER, FL 32054			7. Name and Address of New Registered Agent Name LLOYD, MARTHA Street Address (P.O. Box Number is Not Acceptable) 770 NORTH EAST MAPLE ST. City LAKE BUTLER FL Zip Code 32054		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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	DPVP LLOYD, MARTHA 400 NE 8TH AVENUE LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LLOYD, MARTHA 400 NE 8TH AVENUE LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVP LLOYD, MARTHA 770 N.E. MAPLE ST. LAKE BUTLER, FL 32054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LLOYD, MARTHA 770 N.E. MAPLE ST. LAKE BUTLER, FL 32054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2-23-05 <small>Daytime Phone #</small>		