

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068048

FILED  
May 01, 2009  
Secretary of State

Entity Name: LAKE BUTLER MEDICAL CLINIC, INC.

**Current Principal Place of Business:**

675 EAST MAIN STREET  
LAKE BUTLER, FL 32054

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 188  
LAKE BUTLER, FL 32054

**New Mailing Address:**

FEI Number: 54-2118362

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LLOYD, MARTHA  
770 NORTH EAST MAPLE ST  
LAKE BUTLER, FL 32054 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPVP ( ) Delete  
Name: LLOYD, MARTHA  
Address: 770 NE MAPLE ST  
City-St-Zip: LAKE BUTLER, FL 32054

Title: ST ( ) Delete  
Name: LLOYD, MARTHA  
Address: 770 NE MAPLE ST  
City-St-Zip: LAKE BUTLER, FL 32054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARTHA LLOYD

DPVP

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date