

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068048

FILED
May 01, 2011
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

OFFICERS AND DIRECTORS:

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

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

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: MARTHA R. LLOYD

PRES

05/01/2011

Electronic Signature of Signing Officer or Director

Date