2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000095138

1. Entity Name
LAZO MEDICAL CENTER, INC.

FILED
05 APR 5 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03-15-2005 90037 010 ***150.00

Principal Place of Business	Mailing Address
321 SE 29 PLACE STE 101 OCALA, FL 33471	321 SE 29 PLACE STE 101 OCALA, FL 33471

01112005 No Chg-P CR2E034 (10/03) 05

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0480284
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~LAZO, EDWARD~~ EDWARD LAZO (OK)
321 SE 29 PLACE STE 101
OCALA, FL 33471

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAZO, EDWARD
STREET ADDRESS	645 SW 48 ST ROAD
CITY-ST-ZIP	OCALA, FL 34474
TITLE	VD
NAME	LAZO, SALLY
STREET ADDRESS	645 SW 48 ST ROAD
CITY-ST-ZIP	OCALA, FL 34474
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 3/20/05 352 690 6813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #