2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P03000095138

Entity Name: LAZO MEDICAL CENTER, INC.

Current Principal Place of Business:

321 SE 29 PLACE STE 101
OCALA, FL 33471

New Principal Place of Business:

321 SE 29 PLACE STE 200
OCALA, FL 33471

Current Mailing Address:

321 SE 29 PLACE STE 101
OCALA, FL 33471

New Mailing Address:

321 SE 29 PLACE STE 200
OCALA, FL 33471

FEI Number: 51-0480284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAZO, EDWARD
321 SE 29 PLACE STE 101
OCALA, FL 33471 US

Name and Address of New Registered Agent:

LAZO, EDWARD
321 SE 29 PLACE STE 200
OCALA, FL 33471 US

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: EDWARD C. LAZO, M.D. 05/01/2006
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: PD ( ) Delete
Name: LAZO, EDWARD
Address: 645 SW 48 ST ROAD
City-St-Zip: OCALA, FL 34474

Title: VD ( ) Delete
Name: LAZO, SALLY
Address: 645 SW 48 ST ROAD
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LAZO, EDWARD
Address: 645 SW 45 ST.
City-St-Zip: OCALA, FL 34474

Title: VD (X) Change ( ) Addition
Name: LAZO, SALLY
Address: 645 SW 45 ST.
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the 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: SALLY LAZO VD 05/01/2006
Electronic Signature of Signing Officer or Director Date