

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000095138

Entity Name: LAZO MEDICAL CENTER, INC.

FILED  
Apr 25, 2008  
Secretary of State

## Current Principal Place of Business:

321 SE 29 PLACE STE 200  
OCALA, FL 33471

## New Principal Place of Business:

## Current Mailing Address:

321 SE 29 PLACE STE 200  
OCALA, FL 33471

## New Mailing Address:

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 200  
OCALA, FL 33471 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## 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: SALLY LAZO

VP

04/25/2008

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

\_\_\_\_\_  
Date