2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2012
Secretary of State

DOCUMENT# P03000095138

Entity Name: LAZO MEDICAL CENTER, INC.

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 C
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

OFFICERS AND DIRECTORS:

Title: PD
Name: LAZO, EDWARD
Address: 645 SW 45 ST.
City-St-Zip: OCALA, FL 34471

Title: VP
Name: LAZO, SALLY
Address: 645 SW 45 ST.
City-St-Zip: OCALA, FL 34471

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: SALLY LAZO VP 02/13/2012

Electronic Signature of Signing Officer or Director — Date