

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000158180

Entity Name: LAKE HEALTHCARE GROUP INC.

FILED
Jan 10, 2007
Secretary of State

Current Principal Place of Business:

POST OFFICE BOX 1477
MOUNT DORA, FL 32756 US

New Principal Place of Business:

2725 ROBIE AVE
MOUNT DORA, FL 32757 US

Current Mailing Address:

POST OFFICE BOX 1477
MOUNT DORA, FL 32756 US

New Mailing Address:

FEI Number: 20-0471995 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANGELISTA, CAESAR
2725 ROBIE AVENUE
MOUNT DORA, FL 32757 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: D () Delete
Name: EVANGELISTA, CAESAR
Address: P.O. BOX 1477
City-St-Zip: MOUNT DORA, FL 327561477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAESAR EVANGELISTA

D

01/10/2007

Electronic Signature of Signing Officer or Director

Date