

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000044837

1. Entity Name
LAKE REGIONAL HEARING CENTERS, INC.



Principal Place of Business
10135 US HWY 441 UNIT 1
LEESBURG, FL 34788

Mailing Address
10135 US HWY 441 UNIT 1
LEESBURG, FL 34788



02222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0918389

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAHAN, WILLIAM B JR.
1011 S. 9TH ST.
LEESBURG, FL 34748

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000671229
03/28/07-80021-010 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME MAHAN, WILLIAM B JR.
STREET ADDRESS 1011 S. 9TH ST.
CITY - ST - ZIP LEESBURG, FL 34748

TITLE D
NAME MAHAN, SHANON A
STREET ADDRESS 1011 S 9TH STA
CITY - ST - ZIP LEESBURG, FL 34748

TITLE
NAME
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CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

13-13-07 ✓ 352 360 0554