

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90074 002 \*\*\*150.00

**DOCUMENT # P05000049027**



1. Entity Name  
**LAKE ENT CENTER, P.A.**

Principal Place of Business  
**MEDICAL PLAZA 901, 601 E. DIXIE AVE.  
LEESBURG, FL 34748**

Mailing Address  
**MEDICAL PLAZA 901, 601 E. DIXIE AVE.  
LEESBURG, FL 34748**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006

Chg-P

CR2E034 (11/05)

4. FEL Number

**20-2695802**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**HARDY, JAMES M. MD  
MEDICAL PLAZA 901, 601 E. DIXIE AVE.  
LEESBURG, FL 34748**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

## 7. Name and Address of New Registered Agent

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **HARDY, JAMES M. MD**  
STREET ADDRESS **MEDICAL PLAZA 901, 601 E. DIXIE AVE.**  
CITY- ST- ZIP **LEESBURG, FL 34748**

TITLE **D** ☐ Delete  
NAME **MILSTEAD, JUDITH C. MD**  
STREET ADDRESS **MEDICAL PLAZA 901, 601 E. DIXIE AVE.**  
CITY- ST- ZIP **LEESBURG, FL 34748**

TITLE **D** ☐ Delete  
NAME **VAUGHT, S. DWIGHT MD**  
STREET ADDRESS **MEDICAL PLAZA 901, 601 E. DIXIE AVE.**  
CITY- ST- ZIP **LEESBURG, FL 34748**

TITLE **D** ☐ Delete  
NAME **MADONNA, DINO MD**  
STREET ADDRESS **MEDICAL PLAZA 901, 601 E. DIXIE AVE.**  
CITY- ST- ZIP **LEESBURG, FL 34748**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 #