

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000049027

Entity Name: LAKE ENT CENTER, P.A.

**FILED**  
**Apr 19, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-2695802

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

MADONNA, DINO MD  
MEDICAL PLAZA 901, 601 E. DIXIE AVE.  
LEESBURG, FL 34748 US

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: DINO MADONNA, M.D.

04/19/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D (X) Delete  
Name: HARDY, JAMES M. MD  
Address: MEDICAL PLAZA 901, 601 E. DIXIE AVE.  
City-St-Zip: LEESBURG, FL 34748

Title: D ( ) Delete  
Name: MILSTEAD, JUDITH C. MD  
Address: MEDICAL PLAZA 901, 601 E. DIXIE AVE.  
City-St-Zip: LEESBURG, FL 34748

Title: D ( ) Delete  
Name: VAUGHT, S. DWIGHT MD  
Address: MEDICAL PLAZA 901, 601 E. DIXIE AVE.  
City-St-Zip: LEESBURG, FL 34748

Title: D ( ) Delete  
Name: MADONNA, DINO MD  
Address: MEDICAL PLAZA 901, 601 E. DIXIE AVE.  
City-St-Zip: LEESBURG, FL 34748

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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: DINO MADONNA, M.D.

D

04/19/2007

Electronic Signature of Signing Officer or Director

Date