


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000049027 1. Entity Name LAKE ENT CENTER, P.A.	
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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
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DO NOT WRITE IN THIS SPACE

01252008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2695802	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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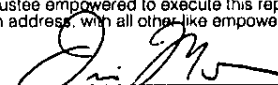
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILSTEAD, JUDITH C. MD MEDICAL PLAZA 901, 601 E. DIXIE AVE. LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHT, S. DWIGHT MD MEDICAL PLAZA 901, 601 E. DIXIE AVE. LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADONNA, DINO MD MEDICAL PLAZA 901, 601 E. DIXIE AVE. LEESBURG, FL 34748
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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:  2/6/08 (352) 728-2404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #