2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2012
Secretary of State

DOCUMENT# P05000049027

Entity Name: LAKE ENT CENTER, P.A.

Current Principal Place of Business:

601 E DIXIE AVE
MEDICAL PLAZA 901
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

601 E DIXIE AVE
MEDICAL PLAZA 901
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:

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

OFFICERS AND DIRECTORS:

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DINO MADONNA D 02/15/2012

Electronic Signature of Signing Officer or Director — Date