2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000049027

Entity Name: LAKE ENT CENTER, P.A.

FILED Feb 15, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

601 E DIXIE AVE MEDICAL PLAZA 901 LEESBURG, FL 34748

Current Mailing Address: New Mailing Address:

601 E DIXIE AVE MEDICAL PLAZA 901 LEESBURG, FL 34748

FEI Number: 20-2695802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MADONNA, DINO MD 601 E DIXIE AVE MEDICAL PLAZA 901 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: I

Name: MILSTEAD, JUDITH C. MD

Address: MEDICAL PLAZA 901, 601 E. DIXIE AVE.

City-St-Zip: LEESBURG, FL 34748

Title:

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