

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

02-27-2006 90069 017 ***150.00

DOCUMENT # P05000051185 1. Entity Name LAKE MEDICAL HEARING CENTERS INC.			
Principal Place of Business 36328 W. SPRING LAKE BLVD. FRUITLAND PARK, FL 34731		Mailing Address 36328 W. SPRING LAKE BLVD. FRUITLAND PARK, FL 34731	
2. Principal Place of Business 2735 S BAY ST Suite, Apt. #, etc. STE F City & State DADESBURG, FL Zip 32124		3. Mailing Address 2735 S BAY ST Suite, Apt. #, etc. STE F City & State DADESBURG, FL Zip 32124	
4. FEI Number 20-2768070		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02062006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent BOONE, GEORGE A 36328 W. SPRING LAKE BLVD. FRUITLAND PARK, FL 34731		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BOONE, GEORGE A 36328 W. SPRING LAKE BLVD. FRUITLAND PARK, FL 34731	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>ALAN BOONE</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2-10-06</u> Daytime Phone #: <u>352-493-4327</u>	

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