

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90254 039 ***150.00

DOCUMENT P05000078827 1. Entity Name LAKE SUZY PROFESSIONAL CENTER, INC.					
Principal Place of Business 16528 NORTH DALE MABRY HWY TAMPA, FL 33618 US			Mailing Address 16528 NORTH DALE MABRY HWY TAMPA, FL 33618 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2934592	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDERS, WALTER S 16528 NORTH DALE MABRY HWY TAMPA, FL 33618				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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE: <u>Walter Sanders</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%;"> <u>Walter Sanders</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%;"> <u>4/10/06</u> <small>DATE</small> </div> </div>					
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	D SANDERS, WALTER S 16528 NORTH DALE MABRY HWY TAMPA, FL 33618	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEMISON, MICHAEL 26266 BARCELOS COURT PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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>Walter Sanders</u> <u>Walter Sanders</u> <u>4/26/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="display: flex; justify-content: space-between; font-size: small;"> Date Daytime Phone # </div>					

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