

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000055332

FILED
Mar 03, 2010
Secretary of State

Entity Name: LAKE MARY MEDICAL CENTER INC

Current Principal Place of Business:

CALVIN HARRISON
3629 LAKE EMMA RD
LAKE MARY, FL 32746

New Principal Place of Business:

3629 LAKE EMMA RD
LAKE MARY, FL 32746 US

Current Mailing Address:

CALVIN HARRISON
PO BOX 292456
DAVIE, FL 33329

New Mailing Address:

PO BOX 292456
DAVIE, FL 33329 US

FEI Number: 51-0635004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAY, LEONA J
4321 NW 7TH ST
PLANTATION, FL 33317 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: HARRISON, CALVIN
Address: 1161 NW 99TH AVE
City-St-Zip: PLANTATION, FL 33322

Title: VP
Name: HARRISON, MARY
Address: 1161 NW 99TH AVE
City-St-Zip: PLANTATION, FL 33322

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: CALVIN HARRISON

P

03/03/2010

Electronic Signature of Signing Officer or Director

Date