2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

DOCUMENT# P09000062894

Entity Name: LES MEDICAL CENTER INC

Current Principal Place of Business:

2901 W. OAKLAND PARK BLVD., STE B-20
OAKLAND, FL 33311

New Principal Place of Business:

2901 W. OAKLAND PARK BLVD.
SUITE B20
OAKLAND, FL 33311

Current Mailing Address:

2901 W. OAKLAND PARK BLVD., STE B-20
OAKLAND, FL 33311

New Mailing Address:

2901 W. OAKLAND PARK BLVD.
SUITE B20
OAKLAND, FL 33311

FEI Number: 27-0643243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHECHTMAN, LAWRENCE E
11915 NW 78TH PLACE
PARKLAND, FL 33076 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: PD
Name: SCHECHTMAN, LAWRENCE E
Address: 11915 NW 78TH PLACE
City-St-Zip: PARKLAND, FL 33076

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: LAWRENCE E SCHECHTMAN P 04/30/2011

Electronic Signature of Signing Officer or Director Date