

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000053671

FILED
Jan 08, 2012
Secretary of State

Entity Name: LAKE CITY MEDICAL CLINIC, INC.

Current Principal Place of Business:

2170 COUNTY ROAD 546 NORTH
BUSHNELL, FL 33513

New Principal Place of Business:

484 SW COMMERCE DRIVE
155
LAKE CITY, FL 32025

Current Mailing Address:

2170 COUNTY ROAD 546 NORTH
BUSHNELL, FL 33513

New Mailing Address:

484 SW COMMERCE DRIVE
155
LAKE CITY, FL 32025

FEI Number: 45-2507878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VILLEGAS CANO, MARIA L
2170 COUNTY ROAD 546 NORTH
BUSHNELL, FL 33513 US

Name and Address of New Registered Agent:

BALOUSEK, GERALD R
2637 E ATLANTIC BLVD
18517
POMPANO BEACH, FL 33062 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: GERALD BALOUSEK

01/08/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BALOUSEK, GERALD R
Address: 2637 E ATLANTIC BLVD. #18517
City-St-Zip: POMPANO BEACH, FL 33062

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: GERALD BALOUSEK

P

01/08/2012

Electronic Signature of Signing Officer or Director

Date