

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000080902

1. Entity Name
LAKE DIALYSIS CENTER - LEESBURG, INC.



Principal Place of Business
P.O. BOX 8
MOUNT DORA, FL 32756

Mailing Address
P.O. BOX 8
MOUNT DORA, FL 32756



02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3347487

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICE, JOHN S. C.P.A.
627 N. DONNELLY ST.
MOUNT DORA, FL 32757

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when registering.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
DOOMS, JOHN D
202 COCONUT AVE P.O. BOX 2113
ANNA MARIA, FL 34216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSP
MENESES-TAYLOR, M.D., RUTH
3801 N. HWY 19A SUITE 402
MOUNT DORA, FL 32757

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

U000000253845
03/07/05-80052-003 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #