

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 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	 02092008 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE		
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input type="checkbox"/> \$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
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 <u><i>John S. Rice</i></u> <u><i>Secretary</i></u> <u><i>2-26-06</i></u> <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 11111111463659 03/21/06-80084-017 150.00
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	DO NOT WRITE IN THIS SPACE	
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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><i>John S. Rice</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-7-06 <small>Date Daytime Phone #</small>