## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000001156

Entity Name: LAKE DIABETES & MEDICAL SUPPLY, INC.

FILED Feb 21, 2012 Secretary of State

of Business:	New Principal Place o	of Business:	
:	New Mailing Address	:	
FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
US			
ıbmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
Signature of Registered Age	ent	Date	
	: FEI Number Applied For ( ) Irrent Registered Agent: US Ibmits this statement for the p	: New Mailing Address  FEI Number Applied For ( ) FEI Number Not Applicable ( )  Irrent Registered Agent: Name and Address of	

## **OFFICERS AND DIRECTORS:**

Title: PSTD

Name: HENNESSY, MICHAEL E Address: 2092 SARNO ROAD City-St-Zip: MELBOURNE, FL 32935

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: MICHAEL E. HENNESSY P 02/21/2012