

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000102720

Entity Name: LAKE PRIME CARE, INC.

FILED  
Jan 21, 2004  
Secretary of State

## Current Principal Place of Business:

33041 PROFESSIONAL DRIVE  
STE 101  
LEESBURG, FL 34788 US

## New Principal Place of Business:

## Current Mailing Address:

33041 PROFESSIONAL DRIVE  
STE 101  
LEESBURG, FL 34788 US

## New Mailing Address:

FEI Number: 59-3365562

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FAVIS, WEENA  
33041 PROFESSIONAL DRIVE  
STE 101  
LEESBURG, FL 34788

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FAVIS, WEENA  
Address: 33041 PROFESSIONAL DRIVE, STE 101  
City-St-Zip: LEESBURG, FL 347883750

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: FAVIS, WEENA  
Address: 33041 PROFESSIONAL DRIVE, STE 101  
City-St-Zip: LEESBURG, FL 347883750

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WEENA FAVIS

DR

01/21/2004

Electronic Signature of Signing Officer or Director

Date