## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000102720

Entity Name: LAKE PRIME CARE, INC.

FILED Apr 13, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

33041 PROFESSIONAL DRIVE STE 101

LEESBURG, FL 34788 US

Current Mailing Address: New Mailing Address:

33041 PROFESSIONAL DRIVE STE 101 LEESBURG, FL 34788 US

FEI Number: 59-3365562 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:

FAVIS, WEENA C MD
33041 PROFESSIONAL DRIVE STE 101
LEESBURG, FL 34788 US
FAVIS, WEENA C MD
33041 PROFESSIONAL DRIVE
STE 101
LEESBURG, FL 34788 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: WEENA C FAVIS MD 04/13/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR ( ) Delete Title: DR (X) Change ( ) Addition

Name: FAVIS, WEENA Name: FAVIS, WEENA C

Address: 33041 PROFESSIONAL DRIVE, STE 101 Address: 33041 PROFESSIONAL DRIVE, STE 101

City-St-Zip: LEESBURG, FL 347883750 City-St-Zip: LEESBURG, FL 347883750 US

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 C FAVIS DR 04/13/2005