

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000102720

Entity Name: LAKE PRIME CARE, INC.

**FILED**  
**Feb 28, 2011**  
**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 C MD  
33041 PROFESSIONAL DRIVE  
STE 101  
LEESBURG, FL 34788 US

**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

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: FAVIS, WEENA C  
Address: 33041 PROFESSIONAL DRIVE, STE 101  
City-St-Zip: LEESBURG, FL 347883750 US

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: WEENA FAVIS

PRES

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date