

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 23, 2004 8:00 am
Secretary of State

09-23-2004 90002 013 ***150.00

DOCUMENT # P97000036834
 1. Entity Name
 LAUDERDALE LAKES HEALTHCARE, INC.



Principal Place of Business Mailing Address
 P.O. BOX 800521 P.O. BOX 800521
 MIAMI, FL 33280 MIAMI, FL 33280

DO NOT WRITE IN THIS SPACE



07082004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0756875 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROWN, BRUCE
STREET ADDRESS	25 PELICAN DRIVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	VPD
NAME	BROWN, JACQUELYN
STREET ADDRESS	25 PELICAN DRIVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Jacquelyn Brown* 8/23/04 (954) 8937555
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
2/10/22

2004 For Profit Corporation

Annual Report

Document #P97000036834

Lauderdale Lakes Healthcare, Inc.

In accordance with s.607.193(2)(b),F.S., the corporation did not receive the prior notice of the filing of this Form and request the waiving of the \$400 penalty.



Attachment
24080221

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 1, 2004

LAUDERDALE LAKES HEALTHCARE, INC.
P.O. BOX 800521
MIAMI, FL 33280

SUBJECT: LAUDERDALE LAKES HEALTHCARE, INC.
Ref. Number: P97000036834

We have received your document for LAUDERDALE LAKES HEALTHCARE, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$150.00.

If you have additional questions or need further assistance, please call (850) 245-6059.

Division of Corporations

Letter Number: 504A00053074