

JUL 14 2006 12:03PM

CAPITAL CONNECTION

NO. 9574 P. 1

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**APPROVED  
AND  
FILED

1072

DOCUMENT # P97000066354

1. Entity Name

LAKE PLACID RETIREMENT VILLAS, INC.



06 JUL 21 PM 4:29

Principal Place of Business  
1450 59TH STREET WEST STE. 200  
BRADENTON, FL 34209Mailing Address  
1450 59TH STREET WEST STE. 200  
BRADENTON, FL 34209SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RSC



07142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**4. FEI Number  
65-0801274Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VENABLE, JOSEPH P  
1400 4TH AVENUE WEST  
BRADENTON, FL 34205**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

Signature, typed or printed name of registered agent and fee payor

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!! FEE IS \$550.00  
Due by September 6, 2006**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
POS  
BELLINO, ROBERT J  
1450 59TH ST. W.  
BRADENTON, FL 34209TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP100077954941  
07/25/06--01042--012 \*\*317.50**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

7-17-06 (941) 744-6752

LIFECARE MANAGEMENT, INC.

292

July 14, 2006

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

Re: Lifecare Management, Inc.

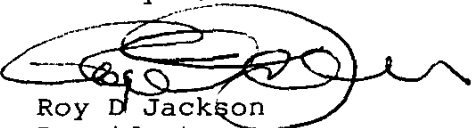
Lake Placid Retirement Villas, Inc.

Dear Sirs:

Please be advised that we did not receive the Annual Report forms for the above corporations for 2006.

We are enclosing our check for the fees of \$317.50.

Thank you.



Roy D Jackson  
President

rdj/ssa