

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000105435

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: ADULT MEDICINE OF LAKE COUNTY, INC.

## Current Principal Place of Business:

130 WATERMAN AVE.  
MOUNT DORA, FL 32757

## New Principal Place of Business:

3619 LAKE CENTER DRIVE  
MOUNT DORA, FL 32757

## Current Mailing Address:

130 WATERMAN AVENUE  
MOUNT DORA, FL 32757

## New Mailing Address:

3619 LAKE CENTER DRIVE  
MOUNT DORA, FL 32757

FEI Number: 59-3483343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NAGEL, SHIRLEY MD  
130 WATERMAN AVENUE  
MOUNT DORA, FL 32757 US

## Name and Address of New Registered Agent:

NAGEL, SHIRLEY MD  
3619 LAKE CENTER DRIVE  
MOUNT DORA, FL 32757 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:

01/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NAGEL, SHIRLEY MD  
Address: 130 WATERMAN AVENUE  
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete  
Name: DAVINA-BROWN, ELEANOR  
Address: 130 WATERMAN AVE  
City-St-Zip: MOUNT DORA, FL 32757

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: NAGEL, SHIRLEY MD  
Address: 3619 LAKE CENTER DRIVE  
City-St-Zip: MOUNT DORA, FL 32757

Title: D (X) Change ( ) Addition  
Name: DAVINA-BROWN, ELEANOR  
Address: 3619 LAKE CENTER DRIVE  
City-St-Zip: MOUNT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ELEANOR DAVINA-BROWN

D

01/15/2008

Electronic Signature of Signing Officer or Director

Date