

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000047174

FILED
Feb 25, 2010
Secretary of State

Entity Name: LAKE ARTHRITIS CENTER, P.A.

Current Principal Place of Business:

33025 PROFESSIONAL DR.
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 491300
LEESBURG, FL 34749

New Mailing Address:

FEI Number: 59-3515993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONZALEZ, VELIA M
33025 PROFESSIONAL DR.
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: GONZALEZ, MIGUEL A MD
Address: 33025 PROFESSIONAL DR.
City-St-Zip: LEESBURG, FL 34788

Title: ST
Name: GONZALEZ, VELIA M
Address: 33025 PROFESSIONAL DR.
City-St-Zip: LEESBURG, FL 34788

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: MIGUEL A GONZALEZ

MD

02/25/2010

Electronic Signature of Signing Officer or Director

Date