2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000085701

1. Entity Name

LAKE CHARLESTON HEALTH CENTER, P.A.



FILED Feb 07, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

7026 CHARLESTON SHORES BLVD LAKE WORTH, FL 33467 US 7026 CHARLESTON SHORES BLVD LAKE WORTH, FL 33467 US



DO NOT WRITE IN THIS SPACE

01122006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0953520 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

The state of the s

Daytime Phone #

5. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

SIGNATURE:

| DO | NOT | WRITE |
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| | named entity submits this statement for the proof of registered agent. | urpose of changing its registered off | ice or registered agen | i, or both, in the State of Florida. I am familiar with, and accept |
|--|--|--|--|--|
| SIGNATURE_ | Signature, bysed or printed name of registered agent and title if | applicable (NOTE, Registered Agent | t signature required when reinst | ating) DATE |
| | E NOWIII FEE IS \$150.00 by 1, 2006 Fee will be \$550.00 | Election Campaign Financing Trust Fund Contribution. | \$5.00 May Added to Fee | |
| 10. | OFFICERS AND DIREC | TORS | | The second secon |
| 117LE Name Street address City-St-2IP | PSTD RIDKY, RICHARD J DR 7026 CHARLESTON SHORES BLVD LAKE WORTH, FL 33467 | | Allerina (Control of Control of C | |
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| TITLE HAME STREET ADDRESS CITY-ST-ZIP | | | aik · | |
| indicated | certify that the Information supplied with this fil on this report or supplemental report is true a position or the receiver or trustee empowered or on an attachment with an address, with all | ind accurate and that my signature s to execute this report as required b | ions contained in Cha shall have the same leg by Chapter 607, Florida | oter 119, Florida Statutes. I further certify that the information pal effect as if made under oath; that I am an officer or director Statutes; and that my name appears in Block 10 or Block 11 if |