

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000085701

FILED
Apr 29, 2008
Secretary of State

Entity Name: LAKE CHARLESTON HEALTH CENTER, P.A.

Current Principal Place of Business:

7026 CHARLESTON SHORES BLVD
LAKE WORTH, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

7026 CHARLESTON SHORES BLVD
LAKE WORTH, FL 33467 US

New Mailing Address:

PO BOX 1623
DEERFIELD BEACH, FL 33443 US

FEI Number: 65-0953520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PSTD () Delete
Name: RIDKY, RICHARD J DR
Address: 7026 CHARLESTON SHORES BLVD
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DR. RICHARD J. RIDKY

PSTD

04/29/2008

Electronic Signature of Signing Officer or Director

Date