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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S66152 1. Corporation Name

LAKE HEALTH CARE CENTER, INC.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90063 014 ***150.00



Principal Place of Business Mailing Address									11 0 11 0 1 01011 1	0 0 0 0 0 0	inti Alalı (naı
910 MT HOMER RD			910 MT HOMER RD								
EUSTIS FL 32726		EUSTIS FL 32726									
US		US	US			L	DO NOT WRITE IN THIS SPACE				
			-				 Date Incorporate 07/08/1991 	ed or Qualifed			
2. Principal Pl	lace of Business	2a. Mailing Addres	SS				4. FEI Number			Ap	plied For
21		26					59-30 <u>81973</u>				t Applicable
Suite, Apt. #, etc.		<u>├</u> ──	Suite, Apt. #, etc.				5. Certifcate of Sta	tus Desired		\$8.75 A	
City & State		City & State					6. Election Campa	gn Financing		\$5.00	May Be
23		28					Trust Fund Conf	ribution		Added t	
Zip	Country	Zip	C	ountry			8. This corporation	owes the cur	ent year in	tangible	
24	25	29	30				Personal Proper	ty Tax.		≥ Yes	□No
	9. Name and Address of Curr	rent Registered Agent					10. Name and Add	ress of New I	Registered	Agent	
				81	Name						
	ENTO, LAWRENCE J.			82	Street	Δddress	(P.O. Box Number	is Not Accept	able)		
	N BAY ST			02	Oli Cott	11001000	, () . O. DOX ((d))			*	the season of
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-				84	City			******	- 113	85 Zip (Code
					1				FL	-	·
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta	ate of Florida. Such change	e was authoriz	zed by	Hairieu	oration's	board of directors.	hereby acce	ot the appo	intment as re	gistered
agent. I a SIGNATURE	m familiar with, and accept the obl	igations of, Section 607.05	505, Florida St	tatutes							<u>. </u>
SIGNATURE	Signature, typed or printed name of registered is	igations of, Section 607.05	(NOTE: Register	tatutes ered Agen			nen reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered OFFICERS	igations of, Section 607.05 agent and title if applicable. AND DIRECTORS	(NOTE: Register	tatutes ered Agen 3.		equired wh	nen reinstating) . ADDITIONS/CHA		DATE	ND DIRECTO	
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14. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or appliermental annual 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or or an attachment with an address, with all other like empowered.

SIGNATURE: