2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S66152 01-16-2007 90209 032 ***150.00 LAKE HEALTH CARE CENTER, INC. PUUNTTAL Principal Place of Business Mailing Address 910 MT HOMER RD 910 MT HOMER RD EUSTIS, FL 32726 EUSTIS, FL 32726 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3081973 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEMENTO, LAWRENCE J. 531 N BAY 8T EUSTIS, FL 32726 DORA 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and atteit applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ■ Addition GLISSON, JAMES A. NAME NAME STREET ADDRESS 910 MT HOMER RD STREET ADDRESS CITY-ST-ZIP EUSTIS, FL CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 12. I hereby certify that the information su indicated on this report or supplemental re-of the corporation or the receiver or trustee accurate and that my signature shall have the same legal effect as if made under oath; that f am an officer or director execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if ort is true and empow<u>ered to</u> changed, or on an atta hment v SIGNATURE: INATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

FILED

Jan 16, 2007 8:00 am Secretary of State