2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# S66152

Entity Name: LAKE HEALTH CARE CENTER, INC.

Current Principal Place of Business:

910 MT HOMER RD
EUSTIS, FL 32726 US

New Principal Place of Business:

Current Mailing Address:

910 MT HOMER RD
EUSTIS, FL 32726 US

New Mailing Address:

FEI Number: 59-3081973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STONE, GERKEN PA
4850 N. HWY PA
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

STONE, GERKEN PA
4850 N. HWY 19A
MOUNT DORA, FL 32757 US

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: 04/22/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RANDALL GLISSON, JAMES
Address: 910 MT HOMER RD
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GLISSON, RANDALL JAMES
Address: 910 MT HOMER RD
City-St-Zip: EUSTIS, FL 32726

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: JAMES RANDALL GLISSON P 04/22/2009
Electronic Signature of Signing Officer or Director Date