

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059287

Entity Name: J. AGUSTIN LACSON, M.D., INC.

FILED  
Apr 28, 2011  
Secretary of State

**Current Principal Place of Business:**

249 US 27 N  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

249 US 27 N  
SEBRING, FL 33870

**New Mailing Address:**

FEI Number: 04-3680671

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CROSKERY, JANICE J MANAGER  
249 US 27 NORTH  
AVON PARK, FL 33825 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: LACSON, J. AGUSTIN  
Address: 249 US 27 N  
City-St-Zip: AVON PARK, FL 33825

Title: SEC  
Name: CROSKERY, JANICE  
Address: 249 US 27 N  
City-St-Zip: AVON PARK, FL 33825

I hereby 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 all other like empowered.

SIGNATURE: JANICE CROSKERY

SEC

04/28/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date