

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

0090772  
 AV

**DOCUMENT # P96000000209**

1. Entity Name  
**LAKE PEDIATRICS, P.A.**

03-31-2002 90356 024 \*\*\*150.00

Principal Place of Business <b>18515 HIGHWAY 441 MT. DORA FL 32757</b>	Mailing Address <b>18515 HIGHWAY 441 MT. DORA FL 32757</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3351823</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>SAYLOR, BRUCE A 907 WEBSTER STREET LEESBURG FL 34785</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST CARLSON, E. THOMAS M.D. 18515 HIGHWAY 441 MT. DORA FL 32757</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this 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 report or supplemental 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** E. THOMAS CARLSON, M.D. 03-20-02 352-383-8111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)