

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000000209

Entity Name: LAKE PEDIATRICS, P.A.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

18515 HIGHWAY 441
MT. DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

18515 HIGHWAY 441
MT. DORA, FL 32757

New Mailing Address:

FEI Number: 59-3351823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAYLOR, BRUCE A
907 WEBSTER STREET
LEESBURG, FL 34785 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: CARLSON, E. THOMAS M.D.
Address: 18515 HIGHWAY 441
City-St-Zip: MT. DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: CARLSON, THOMAS E M.D.
Address: 18515 HIGHWAY 441
City-St-Zip: MT. DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the 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 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: E. THOMAS CARLSON

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04/25/2005

Electronic Signature of Signing Officer or Director

Date