

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000000209

Entity Name: LAKE PEDIATRICS, P.A.

FILED  
Feb 07, 2006  
Secretary of State

## Current Principal Place of Business:

18515 HIGHWAY 441  
MT. DORA, FL 32757

## New Principal Place of Business:

4880 N. HWY. 19-A  
MT. DORA, FL 32757

## Current Mailing Address:

18515 HIGHWAY 441  
MT. DORA, FL 32757

## New Mailing Address:

P.O. BOX 1206  
TAVARES, FL 32778

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, THOMAS E 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: 4880 N. HWY 19-A  
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 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: THOMAS E. CARLSON

P

02/07/2006

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

\_\_\_\_\_ Date