

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000000209

Entity Name: LAKE PEDIATRICS, P.A.

FILED  
Mar 19, 2012  
Secretary of State

**Current Principal Place of Business:**

18515 HWY 441  
MT. DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1206  
TAVARES, FL 32778

**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

**OFFICERS AND DIRECTORS:**

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

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: THOMAS E. CARLSON

DPST

03/19/2012

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

\_\_\_\_\_ Date