2014 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 02, 2014
Secretary of State

DOCUMENT# P96000000209

Entity Name: LAKE PEDIATRICS, P.A.

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: BRUCE A. SAYLOR

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 P 10/02/2014

Electronic Signature of Signing Officer or Director — Date