2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2022
Secretary of State
7991788491CC

DOCUMENT# H33144

Entity Name: LAKE PULMONARY & SLEEP DISORDER CLINIC, P.A.

Current Principal Place of Business:

LAKE PULMONARY & SLEEP DISORDERS CLINIC
501 MEDICAL PLAZA DRIVE, SUITE 102
LEESBURG, FL 34748

Current Mailing Address:

LAKE PULMONARY & SLEEP DISORDERS CLINIC
501 MEDICAL PLAZA DRIVE, SUITE 102
LEESBURG, FL 34748 US

FEI Number: 59-2468661

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ORTIZ, FELIPE
LAKE PULMONARY & SLEEP DISORDERS CLINIC
501 MEDICAL PLAZA DRIVE, SUITE 102
LEESBURG, FL 34748 US

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: FELIPE ORTIZ 01/31/2022

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	ORTIZ, FELIPE DR.
Address	LAKE PULMONARY & SLEEP DISORDERS CLINIC 501 MEDICAL PLAZA DRIVE, SUITE 102
City-State-Zip:	LEESBURG FL 34748

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: FELIPE ORTIZ PRESIDENT 01/31/2022

Electronic Signature of Signing Officer/Director Detail — Date