| AVON PARK, | FL 33825 | | | |
|-----------------------------|--|---|---------------------------------------|------------|
| Current Mai | ling Address: | | | |
| 3300 US 27 | | | | |
| AVON PAR | K, FL 33825 | | | |
| FEI Number: 04-3680671 | | | Certificate of Status Desired: Yes | |
| Name and A | Address of Current Registe | red Agent: | | |
| LACSON, JANI 3300 US 27N | CE J SEC | | | |
| AVON PARK, F | L 33825 US | | | |
| The above name | d entity submits this statement for the pu | Irpose of changing its registered office or regis | tered agent, or both, in the State or | f Florida. |
| SIGNATURE: JANICE J LACSON | | | | 01/27/2023 |
| | Electronic Signature of Registe | red Agent | | Date |
| Officer/Dire | ctor Detail : | | | |
| Title | PSTD | Title | SEC | |
| Name | LACSON, J. AGUSTIN | Name | LACSON, JANICE J | |
| Address | 3300 US 27N | Address | 3300 US 27N | |
| City-State-Zip: | AVON PARK FL 33825 | City-State-Zip: | AVON PARK FL 33825 | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

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: LACSON, JANICE, J

Electronic Signature of Signing Officer/Director Detail

SECRETARY

01/27/2023

FILED Jan 27, 2023 **Secretary of State** 8984105503CC

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059287

Entity Name: J. AGUSTIN LACSON, M.D., INC.

Current Principal Place of Business:

3300 US 27S

Date