

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000028584

**Entity Name:** MIL-LAKE MEDICAL P.A

**Current Principal Place of Business:**

4849 LAKE WORTH ROAD  
GREENACRES, FL 33463

**Current Mailing Address:**

4849 LAKE WORTH ROAD  
GREENACRES, FL 33463

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ABELLARD, DAVID  
4849 LAKE WORTH ROAD  
GREENACRES, FL 33463 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSTD  
Name ABELLARD, DAVID  
Address 4849 LAKE WORTH ROAD  
City-State-Zip: GREENACRES FL 33463

Title ATD  
Name MAYARD-PAUL, MIRTHO  
Address 4849 LAKE WORTH ROAD  
City-State-Zip: GREENACRES FL 33463

*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:** DAVID ABELLARD MD

P

01/23/2015

Electronic Signature of Signing Officer/Director Detail

Date