

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000091745

**Entity Name:** LAKE FAMILY PRACTICE OF ORLANDO & EVANS FAMILY CARE INC

**Current Principal Place of Business:**

1317 N. PINE HILLS ROAD  
ORLANDO, FL 32808

**Current Mailing Address:**

2920 MAGNOLIA BLOSSOM CIRCLE  
CLERMONT, FL 34711 US

**FEI Number:** 47-2312733

**Certificate of Status Desired:** No

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

MADRAY, PURNAMA  
2920 MAGNOLIA BLOSSOM CIRCLE  
CLERMONT, FL 34711 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: PURNAMA MADRAY

04/28/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PTS	Title	D
Name	MADRAY, PURNAMA	Name	LE, LOC KIM MD
Address	2920 MAGNOLIA BLOSSOM CIRCLE	Address	1317 N. PINE HILLS ROAD
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	ORLANDO FL 32808

*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: PURNAMA MADRAY

PTS

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date