

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000092212

**Entity Name:** THE LAKE DOCTORS, INC.

**Current Principal Place of Business:**

4651 SALISBURY RD  
SUITE 155  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

4651 SALISBURY RD  
SUITE 155  
JACKSONVILLE, FL 32256 US

**FEI Number:** 85-4157613

**Certificate of Status Desired:** No

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

SIDNEY S. SIMMONS, PL  
562 PARK STREET, SUITE 300  
JACKSONVILLE, FL 32204 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            CHAIRMAN  
Name            CLARKSON, J. PALMER  
Address        4651 SALISBURY RD  
                  SUITE 155  
City-State-Zip: JACKSONVILLE FL 32256

Title            PRESIDENT  
Name            CLARKSON, K. TUCKER  
Address        4651 SALISBURY RD  
                  SUITE 155  
City-State-Zip: JACKSONVILLE FL 32256

Title            VP/CFO  
Name            PORTER, DOUGLAS  
Address        4651 SALISBURY RD  
                  SUITE 155  
City-State-Zip: JACKSONVILLE FL 32256

Title            VP  
Name            TOMLINSON, WILLIAM  
Address        4651 SALISBURY ROAD, SUITE 155  
City-State-Zip: JACKSONVILLE FL 32256

*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:** K. TUCKER CLARKSON

**PRESIDENT**

**04/11/2023**

Electronic Signature of Signing Officer/Director Detail

Date