

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000000209

Entity Name: LAKE PEDIATRICS, P.A.

Current Principal Place of Business:

18515 HWY 441
MT. DORA, FL 32757

Current Mailing Address:

P.O. BOX 1206
TAVARES, FL 32778 US

FEI Number: 59-3351823

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, CHARLES D
BOWEN & SCHROTH, P.A.
1330 CITIZENS BLVD. SUITE 404
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: CHARLES D. JOHNSON

06/07/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|----------------------------------|-----------------|----------------------------------|
| Title | DPS | Title | VT |
| Name | CARLSON, M.D., E. THOMAS | Name | CARLSON, GAIL A |
| Address | 4880 NORTH HWY 19 A SUITE 200 | Address | 4880 NORTH HWY 19 A SUTIE 200 |
| City-State-Zip: | MT. DORA FL 32757 | City-State-Zip: | MT. DORA FL 32757 |

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: E. THOMAS CARLSON, M.D.

P

06/07/2024

Electronic Signature of Signing Officer/Director Detail

Date