

**2015 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

**FEI Number:** 59-3351823

**Certificate of Status Desired:** No

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

SAYLOR, BRUCE A  
907 WEBSTER STREET  
LEESBURG, FL 34785 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:** BRUCE A. SAYLOR

04/27/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPST  
Name CARLSON, THOMAS EM.D.  
Address 18515 HWY 441  
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:** THOMAS E. CARLSON

P

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date