

526379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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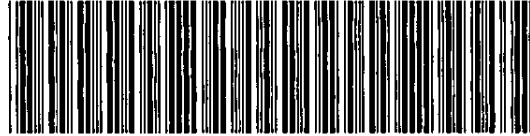
(Business Entity Name)

(Document Number)

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U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
15 MAY 28 AM 8:57

JUN 4 2015

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAKESIDE Occupational Medical Centers Inc
Name of Corporation

DOCUMENT NUMBER: 526379

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard F Johnson
Name of Contact Person

Lakeside Occupational Medical Centers Inc
Firm/Company

7527 Ulmerton Road
Address

Largo FL 33771
City/State and Zip Code

RJohnson@LakesideOccMed.Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Johnson at (727) 4332553
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lakeside Occupational Medical Centers Inc
2. The principal office address: 7527 Ulmerton Road
Largo FL 33771
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 1979 Document number: 526379

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Richard Johnson
4548 Clearwater Harbor Drive South
Largo FL 33770

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Richard Johnson
7527 Ulmerton Road
P.O. Box NOT acceptable
Largo FL 33771

15 MAY 28 AM 8:58

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Richard F Johnson - President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

5/26/15
Date

If signing on behalf of an entity:

Richard F Johnson
Typed or Printed Name

*** FILING FEE: \$35.00 ***