2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 15, 2002 8:00 am Secretary of State 538141 DOCUMENT # 1. Entity Name LAKE SURGICAL CLINIC, P.A. Principal Place of Business Mailing Address **601 EAST DIXIE 601 EAST DIXIE** LRMC PLAZA #1001 LRMC PLAZA #1001 LEESBURG FL 34748-5982 LEESBURG FL 34748-5982 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 59-1753397 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent مرووجود وماء BURNSED, DAVID W., M.D. Street Address (P.O. Box Number is Not Acceptable) **601 EAST DIXIE** LRMC PLAZA #1001 LEESBURG FL 34748-5982 Zip Code FŁ 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BURNSED, DAVID W., M.D. NAME NAME 601 E DIXIE LRMC PL STREET ADDRESS STREET ADDRESS LEESBURG FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if

Daytime Phone #