


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 8:00 am
Secretary of State

02-14-2007 90059 018 ***150.00

DOCUMENT # 602427 1. Entity Name LESTER H. MCLACHLAN D O PROFESSIONAL ASSOCIATION	
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Principal Place of Business 7995 - 66TH ST NORTH SUITE C PINELLAS PARK, FL 33781 US	Mailing Address 7995 - 66TH ST NORTH SUITE C PINELLAS PARK, FL 33781 US
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DO NOT WRITE IN THIS SPACE

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1302635	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MCLACHLAN, LESTER H
7995 66TH ST N
SUITE C
PINELLAS PARK, FL 33781

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lester H. McLachlan* Lester H. McLachlan, D.O. 3-5-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLACHLAN, LESTER H 7995 66TH ST N PINELLAS PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LURIE, ED J 13055 PARK BLVD SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LATUS, T 4801 78TH AVE PINELLAS PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lester H. McLachlan* Lester H. McLachlan, D.O. 3-5-07 727-574-2850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President of P.A.