FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

LAKE CITY MEDICAL GROUP, P.A.

(8)

FILED Apr 10 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		+ 140014 01110 10110 11000 01510 10001 10	is minit ninis asksi dibis ninis Rinis (nn
2300 SOUTH FIRST ST. 2300 SOUTH FIRST ST.					
LAKE CITY F	L 32055	LAKE CITY FL 32055		20107115	#1 E E
					IN THIS SPACE
	·-			3. Date Incorporated or Qualified 06/30/1981	
	lace of Business	2a. Mailing Address	г n	4. FEI Number	Applied For
	HALL OF FAME DAING	26 602 NALL OF	FAME Unive	59-2106907	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		D. Common of Clarks	Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 Мау Ве
Zip	Country	28	6	Trust Fund Contribution	Added to Fees
24	├ ¬ ′		Country 1	8, This corporation owes or has pa	
[24]	25 g. Name and Address of Currer	29 30	L	Personal Property Tax due June	
g, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent WRIGHT, RICHARD L. 81 Name					
	00 S FIRST STREET				
LAKE CITY FL 32055			Street Address (P.O. Box Number is Not Acceptable) COL NALL OF FAME DAW6		
			84 City		85 Zip Code
de Diversant	to the provisions of Continue CO7 OCC	00 and 007 4500 Finish 044			FL " " " " " " " " " " " " " " " " " " "
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florida	a Statutes.	, i	,,
SIGNATURE	Signature, typed or printed name of registered age	A CAR D			
12,		D DIRECTORS	gistered Agent signature re	· ····································	DATE DIDECTORS IN LO
TITLE	PD	DELETE	13. 1.1 TUTLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	WRIGHT, RICHARD L.		1.2 NAME		E Shango E Aconton
STREET ADDRESS	2300 SOUTH FIRST ST.		1.3 STREET ADDRESS	GOZ HALL OF FAME DRIVE	
CITY-ST-ZIP	LAKE CITY FL			Good Miles of American	
TITLE	VD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	STRAUSS, GUY S	_ K	2.2 NAME		Change [] Addition
STREET ADDRESS	2300 S 1ST ST		2.2 NAME	602 HALL OF TAME DRIVE	
1	LAKE CITY FL			PAT WELL OF THE SHEET	
CITY-ST-ZIP TITLE	STD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	SHAHEEN, BRIAN J.	□ otterit			El charge El Audition
-	2300 S. FIRST ST.		3.2 NAME	GOZ VALL OF FAME DRIVE	
STREET ADDRESS	LAKE CITY FL		3.3 STREET ADDRESS	COC MALL OF LAMPS ALTAO	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME		□ prent	4.1 TITLE		☐ Change ☐ Addition
			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 City-St-ZiP		Charge Later
TOTLE		רון שנונונ	5.1 TITLE		Change Addition
NAME PERSONAL ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE	· ·	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS		1	6.3 STREET ADDRESS		l
CITY-ST-ZIP		1	6.4 City-St-7IP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

11/00