

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 692578**

1. Entity Name

**LAKE CITY MEDICAL GROUP, P.A.****FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90098 003 \*\*\*150.00

Principal Place of Business

**602 HALL OF FAME DRIVE  
LAKE CITY FL 32055  
US**

Mailing Address

**602 HALL OF FAME DRIVE  
LAKE CITY FL 32055  
US****723298**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-2106907**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WRIGHT, RICHARD L.  
602 HALL OF FAMS DRIVE  
LAKE CITY FL 32055**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PTD						
	WRIGHT, RICHARD L.	602 HALL OF FAME DRIVE	LAKE CITY FL				
	VPSD						
	STRAUSS, GUY S	602 HALL OF FAME DRIVE	LAKE CITY FL				

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**R. Wright, MD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-26-01 (904) 755-0421**

Date

Daytime Phone #

CR2E034 (10/00)