

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0007918
A1

DOCUMENT # A95000000822

1. Entity Name
LAKESIDE MEDICAL LIMITED PARTNERSHIP

02 JUN 25 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1879 NIGHTINGALE LANE. B6
TAVARES FL 32778

Mailing Address
1879 NIGHTINGALE LANE. B6
TAVARES FL 32778



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number 59-3318799 Applied For
Not Applicable

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

CAMPIONE, DAVID M
600 JENNINGS AVE.
EUSTIS FL 32726

J. Henry Lesmes
1879 Nightingale Lane
Ste C-1
Tavares FL 32778

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 *J. Henry Lesmes* J. Henry Lesmes 2/18/02
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions
as Shown on record. \$210,301.40

10. Amount of Capital Contributions
in FLORIDA to date. \$231,453.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P95000012338
NAME LAKESIDE MEDICAL VENTURES, INC.
STREET ADDRESS 1879 NIGHTINGALE LANE, SUITE A-Z
CITY-ST-ZIP TAVARES FL 32778

STREET ADDRESS 1879 Nightingale Lane, Suite C-1
CITY-ST-ZIP Tavares, FL 32778

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STREET ADDRESS 000005762530--3
CITY-ST-ZIP -06/12/02--01017--006
****535.00 ****535.00

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *J. Henry Lesmes* J. Henry Lesmes 2/18/02 352-343-5673
Signature, typed or printed name of signing general partner Date Daytime Phone #

CR2E003 (9/01)