

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H03214

FILED  
Jan 05, 2011  
Secretary of State

Entity Name: LAKESIDE PEDIATRICS, P.A.

**Current Principal Place of Business:**

5950 S.FLORIDA AVE.  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

5950 S.FLORIDA AVE.  
LAKELAND, FL 33813

**New Mailing Address:**

FEI Number: 59-2406345

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE #4  
WESTON, FL 33331 US

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: WENDY REA, ASST. SEC.

01/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: LEVITEN, DANIEL L.  
Address: 4007 CHEVERLY DR  
City-St-Zip: LAKELAND, FL

Title: D  
Name: LEVITEN, DANIEL L.  
Address: 4007 CHEVERLY DR  
City-St-Zip: LAKELAND, FL

Title: S  
Name: CORY, MATTHEW J  
Address: 325 PALMOLA  
City-St-Zip: LAKELAND, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MATTHEW J. CORY

SEC

01/05/2011

Electronic Signature of Signing Officer or Director

Date