

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H03214

FILED
Feb 03, 2012
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:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

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

S

02/03/2012

Electronic Signature of Signing Officer or Director

Date