

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H91832

1. Entity Name

EDWIN R. LAMM, M.D., P.A.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90190 042 \*\*\*150.00

Principal Place of Business

Mailing Address

% CHARLES L. CARLTON  
2120 LAKELAND HILLS BLVD  
LAKELAND FL 33805

2929 LAKELAND HGLDS RD  
LAKELAND FL 33803-4371  
US

2. Principal Place of Business

2929 LAKELAND HGLDS. RD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKELAND, FL.

City & State

4. FEI Number

59-2633587

Applied For

Not Applicable

Zip

Country

33803

U.S.A.

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

CARLTON, CHARLES L.  
2120 LAKELAND HILLS BLVD  
LAKELAND FL 33805

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, 2000 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  
DP  
LAMM, EDWIN R.  
2929 LAKELAND HIGHLANDS RD  
LAKELAND FL 33803 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Edwin R. Lamm, M.D.*  
EDWIN R. LAMM, M.D.

Date

Daytime Phone #

(863) 682-8124

CR2E034 (9/99)