

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90135 005 ***550.00

DOCUMENT # K68324

1. Entity Name
**LAKE MARY FAMILY PRACTICE-SCOTT VANLUE, M.D.,
P.A.**



Principal Place of Business

**C/O LORAN JOHNSON
215 NORTH EOLA DR.
ORLANDO, FL 32801 US**

Mailing Address

**C/O LORAN JOHNSON
215 NORTH EOLA DR.
ORLANDO, FL 32801 US**

54053546



2. Principal Place of Business

3. Mailing Address

02032004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2932744

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VANLUE, SCOTT
540 LENTRE CIRCLE SUITE 1010
ALTAMONTE SPRINGS, FL 32714**

7. Name and Address of New Registered Agent

Name **VANLUE, SCOTT**

Street Address (P.O. Box Number is Not Acceptable)
940 CENTRE CIRCLE SUITE 1010

City **ALTAMONTE SPRINGS**

FL

Zip Code **32714**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
VANLUE, SCOTT
2260 POINSETTIE DRIVE
LONGWOOD, FL 32779** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/4/04 (407) 862-5637