2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State
03-27-2003 90012 036 ****50.00

DOCUMENT # L01000016837

1. Entity Name

LAKESIDE FAMILY PRACTICE, P.L.

Principal Place of Business	Mailing Address
921 N. SUMMIT ST. CRESCENT CITY FL 32112	PO BOX 6 CRESCENT CITY FL 32112

2. Principal Place of Business	**3.** Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number **59-3747299**	Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐	**$5.00** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
HULL, JOHN F D.O. 921 N. SUMMIT ST. CRESCENT CITY FL 32112	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. 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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		**10.** ADDITIONS / CHANGES	
TITLE **MGR** NAME **JOHN F. HULL, D.O., P.A.** STREET ADDRESS **921 N. SUMMIT ST.** CITY-ST-ZIP **CRESCENT CITY FL 32112**	☐ 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
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CR2E083 (10/02)

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _JOHN F HULL_   3/19/03   386 698-2101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #