


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90025 040 ****50.00

DOCUMENT # L02000019751 1. Entity Name LAKESIDE MEDICAL CENTRE, LC					
Principal Place of Business 600 NORTH HIATUS ROAD, SUITE 203 PEMBROKE PINES, FL 33026			Mailing Address 600 NORTH HIATUS ROAD, SUITE 203 PEMBROKE PINES, FL 33026		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 52-2376644	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FUXA, LYDIA 600 NORTH HIATUS ROAD, SUITE 203 PEMBROKE PINES, FL 33026			7. Name and Address of New Registered Agent 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: <u>Lydia Janella Fuxa</u> DATE: <u>4/25/05</u> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARMANDO A. DE FERIA, M.D., P.A. 600 NORTH HIATUS ROAD, SUITE 203 PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARLENE TAGES CORDOVA, D.O., P.A. 600 NORTH HIATUS ROAD, SUITE 203 PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOAQUIN MENDEZ, M.D., P.A. 600 NORTH HIATUS ROAD, SUITE 203 PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JUAN CARLOS RONDON, M.D., P.A. 600 NORTH HIATUS ROAD, SUITE 203 PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: <u>Armando DeFeria, MD</u> DATE: <u>4/25/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					