

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90263 043 \*\*\*158.75

**DOCUMENT # L83166**

1. Entity Name

**LAKE PARK MEDICAL CARE CENTER, INC.**

Principal Place of Business

Mailing Address

**C/O TERESA DELGADO, M.D.**  
**415 US HWY 1**  
**LAKE PARK FL 33403**  
**US**

**C/O TERESA DELGADO, M.D.**  
**415 US HWY 1**  
**LAKE PARK FL 33403**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**415 FEDERAL HWY.**

3. Mailing Address

**415 FEDERAL HWY.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE D**

**SUITE D**

City & State

City & State

4. FEI Number

**65-0204468**

Applied For

Not Applicable

Zip

Country

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

**DELGADO, TERESA M**  
**415 US HWY 1**  
**LAKE PARK FL 33403**

Name

**DELGADO, M.D. TERESA**

Street Address (P.O. Box Number is Not Acceptable)

**415 FEDERAL HWY**

**SUITE D**

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, 2001 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 **PD** ☐ Delete  
NAME **DELGADO, TERESA M**  
STREET ADDRESS **415 US HWY 1**  
CITY-ST-ZIP **LAKE PARK FL**

TITLE ☐ Change ☐ Addition  
NAME **DELGADO, M.D. TERESA**  
STREET ADDRESS **415 FEDERAL HWY, SUITE D**  
CITY-ST-ZIP

TITLE **STD** ☐ Delete  
NAME **NICKLER, RICHARD D**  
STREET ADDRESS **415 US HWY 1**  
CITY-ST-ZIP **LAKE PARK FL**

TITLE ☐ Change ☐ Addition  
NAME **415 FEDERAL HWY, SUITE D**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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:

*Teresa Delgado*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**TERESA DELGADO, M.D.**

4-18-01

Date

(561)842-5900

Daytime Phone #

CR2E034 (10/00)