FILED
Feb 06, 2003 8:00 am
Secretary of State
02-06-2003 90100 048 ***150.00

DOCUMENT # P00000058672

1. Entity Name

LAKE'S MEDICAL OFFICES, INC.

2. Principal Place of Business	3. Mailing Address
34 SOUTH FLAMINGO, ROAD EMBROKE PINES FL 33027	234 SOUTH FLAMINGO ROAD PEMBROKE PINES FL 33027

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ACOSTA, MANUEL
234 SOUTH FLAMINGO ROAD
PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

The 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

OFFICERS AND DIRECTORS

PD
ACOSTA, MANUEL
234 SOUTH FLAMINGO ROAD
PEMBROKE PINES FL 33027
☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12. 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

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CITY-ST-ZIP
☐ Change ☐ Addition

CR2E034 (10/00)

eby 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 ated 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 e 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 ged, or on an attachment with an address, with all other like empowered.

ATURE: X M Acosta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment # 30029883
P000000058672

January, 30, 2003

Division of Corporation
P.O. BOX 6327
Tallahasse, Florida 32314

Subject: Division of Corporation

Please be advised,we haven't received The Uniform Business Report for the year 2003. However,we are to send you now this payment attached with this document. Also we want to let you know that we moved our office to a new address and it is

Lakes Medical Office
6200 Johnson St. suite B
Hollywood Fl 33024
Ph (954) 961-8195
If you have additional question or need some information , please call at (786) 621-2038

Thanks

Sincerely

Manuel Acosta
01/30/2003