

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.

Principal Place of Business

**14 SOUTH FLAMINGO ROAD
PEMBROKE PINES FL 33027**

Mailing Address

**234 SOUTH FLAMINGO ROAD
PEMBROKE PINES FL 33027**

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.

NATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS 1-710	PD ACOSTA, MANUEL 234 SOUTH FLAMINGO ROAD PEMBROKE PINES FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ADDRESS -ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ADDRESS ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ADDRESS ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ADDRESS ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ADDRESS ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

by 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
a 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

Attachment # 30029883
PO00000088672

January, 30, 2003

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

Subject: Division of Corporation

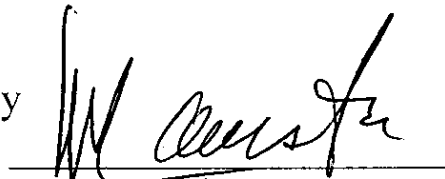
Please be advised, we haven't received The Uniform Business Report for the year 2003. However, we are to send you now this payment attached with this document. Also we want to let you know that we moved our office to a new address and it is

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