2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# P00000063677

Entity Name: LAKESIDE SURGERY, INC.

Current Principal Place of Business:

1825 N MILLS AVE
ORLANDO, FL 32803

New Principal Place of Business:

1825 N MILLS AVE
ORLANDO, FL 32803 US

Current Mailing Address:

1825 N MILLS AVE
ORLANDO, FL 32803

New Mailing Address:

1825 N MILLS AVE
ORLANDO, FL 32803 US

FEI Number: 59-3660098 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALTSMAN, ROBERT P
222 S PENNSYLVANIA AVE, STE 200
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: MAGRUDER, G. BROCK S MD
Address: 1911 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

Title: D
Name: LEHR, JOHN T
Address: 1825 N. MILES AVE
City-St-Zip: ORLANDO, FL 328031853 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: G. BROCK MAGRUDER, SR GP 02/16/2011

Electronic Signature of Signing Officer or Director Date