

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040409

FILED
Jan 29, 2009
Secretary of State

Entity Name: LAKEVIEW INTERNAL MEDICINE, P.A.

Current Principal Place of Business:

18550 HWY 441
SUITE A
MT. DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 297
TAVARES, FL 32778

New Mailing Address:

FEI Number: 59-3725900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, GARY
202 ROME DR
SUITE 100
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

KHAI, CHANG
18550 HWY 441
MT. DORA, FL 32757 US

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: KHAI CHANG MD

01/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHANG, KHAI
Address: 2295 WEATHERED WOOD
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: CHEEMA, SHAHBAZ
Address: 192 PATRICE HOPE ST
City-St-Zip: LEESBURG, FL 34748

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MA THAZUR, AUNG
Address: 2207 AITKIN LOOP
City-St-Zip: LEESBURG, FL 34748

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KHAI CHANG MD

PRES

01/29/2009

Electronic Signature of Signing Officer or Director

Date