2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2011
Secretary of State

DOCUMENT# P01000040409

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:

18550 US HWY 441
SUITE A
MOUNT DORA, FL 32757

FEI Number: 59-3725900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KHAI, CHANG
18550 HWY 441
MT. DORA, FL 32757 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: CHANG, KHAI
Address: 2295 WEATHERED WOOD
City-St-Zip: LEESBURG, FL 34748

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

Title: D
Name: MA THAZUR, AUNG
Address: 2207 AITKIN LOOP
City-St-Zip: LEESBURG, FL 34748

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: KHAI CHANG P 02/08/2011

Electronic Signature of Signing Officer or Director Date