

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P02000066230

1. Entity Name  
LAKEVIEW OCCUPATIONAL AND INDUSTRIAL CLINIC,  
P.A.



FILED  
Apr 22, 2005 08:00 AM  
Secretary of State

Principal Place of Business  
3750 EMERGENCY LN, STE #1  
SEBRING, FL 33870

Mailing Address  
3750 EMERGENCY LN, STE #1  
SEBRING, FL 33870



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number  
01-0728859 Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THOMAS-RICHARDS, JOSE R DR.  
3750 EMERGENCY LN, STE #1  
SEBRING, FL 33870

DO NOT WRITE  
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME THOMAS-RICHARDS, JOSE R  
STREET ADDRESS 3750 EMERGENCY LANE #1  
CITY-ST-ZIP SEBRING, FL 33870

TITLE  
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CITY-ST-ZIP

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04/22/05-80068-018 158.75

DO NOT WRITE  
IN THIS SPACE

12. I hereby 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 indicated 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/05