

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000066230

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



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

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

FILED
Mar 02, 2006 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

02212006 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0728859	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS-RICHARDS, JOSE R 3750 EMERGENCY LANE #1 SEBRING, FL 33870
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03/14/06-80052-021 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-21206 863-471-151
Date Daytime Phone #