

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

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



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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, 2008 Fee will be \$550.00

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

000000938964
05/28/08-80010-005 150.00

10. OFFICERS AND DIRECTORS

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

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
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

4-30-08

Date

863-471-1511

Daytime Phone #