

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90200 005 ***150.00

DOCUMENT # P02000072282

1. Entity Name
LAKE HOSPITAL CARE ASSOCIATES, P.A.



Principal Place of Business
33321 E LAKE JOANNA DR
EUSTIS FL 32736

Mailing Address
PO BOX 1411
EUSTIS FL 32727-1411

2. Principal Place of Business
33627 E. Lake Joanna Dr.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1411
Suite, Apt. #, etc.

City & State
Eustis, FL
Zip
32736
Country
Lake

City & State
Eustis, FL
Zip
32727-1411
Country
Lake

4. FEI Number Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

CASTNER, MATTHEW P.
33321 E LAKE JOANNA DR
EUSTIS FL 32736

7. Name and Address of New Registered Agent

Name: MATTHEW P. CASTNER
Street Address (P.O. Box Number is Not Acceptable): 33627 EAST LAKE JOANNA DRIVE
City: Eustis FL Zip Code: 32736

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: *Matthew P. Castner* DATE: 4/8/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CASTNER, MATTHEW P	
STREET ADDRESS	33321 E LAKE JOANNA DR	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Matthew P. Castner	
STREET ADDRESS	33627 EAST LAKE JOANNA DRIVE	
CITY-ST-ZIP	Eustis, FL 32736	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: *Matthew P. Castner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03 (352) 636-2979
Date Daytime Phone #

CR2E034 (10/02)