

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000056737

Entity Name: LAKESIDE MEDICAL ORLANDO, INC.

FILED  
Jan 29, 2009  
Secretary of State

## Current Principal Place of Business:

4548 CLEARWATER HARBOR DRIVE SOUTH  
LARGO, FL 33770

## New Principal Place of Business:

7527 ULMERTON ROAD  
LARGO, FL 33771

## Current Mailing Address:

4548 CLEARWATER HARBOR DRIVE SOUTH  
LARGO, FL 33770

## New Mailing Address:

7527 ULMERTON ROAD  
LARGO, FL 33771

FEI Number: 26-0150327

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, RICHARD F  
4548 CLEARWATER HARBOR DRIVE SOUTH  
LARGO, FL 33770 US

## Name and Address of New Registered Agent:

LAKESIDE OCCUPATIONAL MEDICAL CENTERS INC  
7527 ULMERTON ROAD  
LARGO, FL 33771 US

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: RICHARD F JOHNSON

01/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P, S ( ) Delete  
Name: JOHNSON, RICHARD F  
Address: 4548 CLEARWATER HARBOR DRIVE SOUTH  
City-St-Zip: LARGO, FL 33770

Title: VP ( ) Delete  
Name: JACOBSEN, BRENDA L  
Address: 7527 ULMERTON ROAD  
City-St-Zip: LARGO, FL 33771

Title: SEC ( ) Delete  
Name: DRIVER, SANDRA  
Address: 7527 ULMERTON ROAD  
City-St-Zip: LARGO, FL 33771

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: JOHNSON, RICHARD F  
Address: 4548 CLEARWATER HARBOR DRIVE SOUTH  
City-St-Zip: LARGO, FL 33770

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TRES ( ) Change (X) Addition  
Name: JOHNSON, RICHARD F  
Address: 4548 CLEARWATER HARBOR DRIVE SO  
City-St-Zip: LARGO, FL 33770

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD F JOHNSON

PRES

01/29/2009

Electronic Signature of Signing Officer or Director

Date