

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90247 006 ***150.00

DOCUMENT # P94000068610

1. Entity Name

G. BLAINE LAKE, M.D., P.A.

Principal Place of Business

Mailing Address

~~SEBASTIAN MEDICAL PLAZA II~~
~~8005 BAY ST., SUITE II~~
~~SEBASTIAN FL 32958~~

~~SEBASTIAN MEDICAL PLAZA II~~
~~8005 BAY ST., SUITE II~~
~~SEBASTIAN FL 32958~~

Moved

Changed

2. Principal Place of Business

3. Mailing Address

787 37th St Suite E260
 Suite, Apt. #, etc.

P.O. Box 700700
 Suite, Apt. #, etc.

Vero Beach, FL 32960
 City & State

Wabasso FL
 City & State

32960 USA
 Zip Country

32970 USA
 Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0517842**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAKE, GEORGE B M.D.
~~SEBASTIAN MEDICAL PLAZA II~~
~~8005 BAY ST., SUITE II~~
~~SEBASTIAN FL 32958~~

Name **Lake, George B M.D.**

Street Address (P.O. Box Number is Not Acceptable)

787 37th St. Suite E260

Vero Beach

32960

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **LAKE, GEORGE B M.D.**
 STREET ADDRESS **8005 BAY ST., SUITE II**
 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **D** ☒ Change ☐ Addition
 NAME **Lake, George B. M.D.**
 STREET ADDRESS **787 37th St. Suite E260**
 CITY-ST-ZIP **Vero Beach, FL 32960**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (10/00)