

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1998 + 99



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000005063

LAKE PEDIATRICS GROUP P.A.

FILED

99 FEB 10 PM 2:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
1301 South Main Street - Same -
Belle Glade, FL 33430

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

4. FET Number

Applied For

21 Suite, Apt. #, etc.

26 1301 S. Main Street

65-0549641

Not Applicable

22 City & State

27 Belle Glade,

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Belle Glade, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29 33430

Country

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30 ☐ Yes ☐ No

30 Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Charles Azan, M.D.
1301 S Main Street
Belle Glade, FL 33430

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Charles Azan

2/4/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME Charles Azan
STREET ADDRESS 1301 S Main Street
CITY - ST - ZIP Belle Glade, FL 33430

11 TITLE ☐ Change ☐ Addition
12 NAME 800002774218--0
13 STREET ADDRESS -02/12/99--01071--022
14 CITY - ST - ZIP *****600.00 *****300.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information
included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and be 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles Azan

Charles Azan, M.D.

2/4/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)