

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000012338 (6)

1. Corporation Name

LAKESIDE MEDICAL VENTURES, INC.



Principal Place of Business

Mailing Address

32845 RADIO RD #E
LEESBURG FL 34788

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LEESBURG FL 34788

3. Date Incorporated or Qualified

02/14/1995

3a. Date of Last Report

2-14-95

2. Principal Place of Business

21 1879 Nightingale Ln

2a. Mailing Address

26 600 Jennings Avenue

4. FEI Number

59-3316804

Applied For

Not Applicable

Suite, Apt. #, etc.

22 City & State

23 Tavares, Florida

Zip

24 32778

Country

25 Lake

City & State

26 600 Jennings Avenue

Suite, Apt. #, etc.

27 City & State

28 Eustis, Florida

Zip

29 32726

City & State

30 Lake

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CAMPIONE, DAVID M
600 JENNINGS AVE
EUSTIS FL 32728

10. Name and Address of New Registered Agent

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 607.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President
NAME J. Henry Lesmes, M.D.
STREET ADDRESS 32845 Radio Road, #E
CITY-ST-ZIP Leesburg, Florida 34788

TITLE Vice President ☐ DELETE
NAME Jeffrey B. Keller
STREET ADDRESS 3801 Highway 19A, Suite 408
CITY-ST-ZIP Mount Dora, Florida 32757

TITLE Secretary ☐ DELETE
NAME David Fernandez
STREET ADDRESS 490 W. Burleigh Blvd.
CITY-ST-ZIP Tavares, Florida 32778

TITLE Treasurer ☐ DELETE
NAME Richard Bosshardt
STREET ADDRESS 18 North Eustis Street
CITY-ST-ZIP Eustis, Florida 32726

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J. Henry Lesmes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96

(352) 589-1414

Date

Daytime Phone #

CR2E034 (12/95)