

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000012338

1. Entity Name

LAKESIDE MEDICAL VENTURES, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90255 013 ***150.00

Principal Place of Business

1879 NIGHTINGALE LN
TAVARES FL 32778
US

Mailing Address

1879 NIGHTINGALE LANE
B6
TAVARES FL 32778-4363
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3316804

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CAMPIONE, DAVID M
600 JENNINGS AVE
EUSTIS FL 32726

Name

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

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, 2000 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	V	<input type="checkbox"/> Delete
NAME	JEFFREY B. KELLER	
STREET ADDRESS	3801 HIGHWAY 19A, SUITE 408	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAVID FRENANDEZ	
STREET ADDRESS	490 W. BURLEIGH BLVD.	
CITY-ST-ZIP	TAVARES FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	RICHARD BOSSHARDT	
STREET ADDRESS	18 NORTH EUSTIS STREET	
CITY-ST-ZIP	EUSTIS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LESME, J. HENRY	
STREET ADDRESS	1879 NIGHTINGALE LN	
CITY-ST-ZIP	TAVARES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1879 Nightingale Lane	
STREET ADDRESS	TAVARES, FL 32778	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Fernandez	
STREET ADDRESS	1879 Nightingale Lane	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1879 Nightingale Lane	
STREET ADDRESS	TAVARES, FL 32778	
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		

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: *Richard T. Bosshardt* RICHARD T. BOSSHARDT

2/15/00 352-742-0079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)