

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90502 047 ***150.00

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1. Entity Name

LAKESIDE MEDICAL VENTURES, INC.



Principal Place of Business

1879 NIGHTINGALE LN
TAVARES FL 32778
US

Mailing Address

1879 NIGHTINGALE LANE
B6
TAVARES FL 32778
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3316804

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

CAMPIONE, DAVID-M
600 JENNINGS AVE
EUSTIS FL 32726

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V
NAME JEFFREY B. KELLER
STREET ADDRESS 1879 NIGHTINGALE LANE
CITY-ST-ZIP TAVARES FL 32778 ☐ Delete

TITLE T
NAME FERNANDEZ, DAVID
STREET ADDRESS 1879 NIGHTINGALE LANE
CITY-ST-ZIP TAVARES FL 32778 ☐ Delete

TITLE P
NAME RICHARD BOSSHARDT
STREET ADDRESS 1879 NIGHTINGALE LANE
CITY-ST-ZIP TAVARES FL 32778 ☐ Delete

TITLE S
NAME LESMES, J. HENRY
STREET ADDRESS 1879 NIGHTINGALE LN
CITY-ST-ZIP TAVARES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard T Bosshardt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04
Date

352-742-0079
Daytime Phone #