2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P95000068759

1. Entity Name



FILED Mar 06, 2003 8:00 am Secretary of State 03-06-2003 90109 015 ***150.00

LAKE DE	ENTAL SERVICES, P.A.	,		
Principal Place of Business 820 STATE RD 434 N. STE B ALTAMONTE SPRINGS FL 32714 US 2. Principal Place of Business		Mailing Address 12515 N. KENDALL DR SUITE 412 MIAMI FL 33186 US 3. Mailing Address		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		
City & Sta	te	City & State		CHECK HERE IF MAKING CHANGES
				4. FEI Number 59-3337224 Applied For Not Applicable
Zìp	Country	Zìp	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
			Name	
-	MELVYN S		Street Addre	ress (P.O. Box Number is Not Acceptable)
	ORTH KENDALL DRIVE			
STE #412				
MIAMI FL	33186		City	FL Zip Code
8. The above the obligat	e named entity submits this statement for tions of registered agent.	or the purpose of changing it	s registered office or regi	gistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NO	TC: Decistored Asset size at the	
		and the trapplicable. (NO	TE: Registered Agent signature req	required when reinstating) DATE
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gober, Melvyn S 12515 North Kendall Drive Miami Fl 33186	☐ Delete #412	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby c	ertify that the information supplied with	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition ☐ Change ☐ Addition in Section 119.07(3)(i), Florida Statutes. I further certify that the information

of the corporation or the receiver or trystee 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 agriculture of the empowered. NATURE REQUIRED

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #