

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 17, 2012
Secretary of State

Entity Name: CLIFFORD A. LAKIN, M.D., P.A.

Current Principal Place of Business:

5591 N.E. 28TH AVENUE
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 23848
FT. LAUDERDALE, FL 33307

New Mailing Address:

5591 N.E. 28TH AVENUE
FT. LAUDERDALE, FL 33308

FEI Number: 65-0704663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAKIN, ARLENE ESQ.
7284 W ATLANTIC BLVD
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: LAKIN, CLIFFORD A M.D.
Address: 5591 N.E. 28TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLIFFORD A. LAKIN, M.D.

D

01/17/2012

Electronic Signature of Signing Officer or Director

Date