2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000070766 DOCUMENT

1. Entity Name

LAKELAND FOOT & ANKLE CENTER, P.A.



Feb 26, 2003 8:00 am & Secretary of State **FILED**

02-26-2003 90171 036 ***150.00

Principal Place of Business 1543 LAKELAND HILLS BLVD. LAKELAND FL 33805		Mailing Address 1543 Lakeland Hills Blvd. Lakeland FL 33805					800H1664			
2. Principal P	lace of Business	3. Mai	3. Mailing Address				† 1888/1880 319 1611), 1882), OBSIL BRILL BRILL BRIST FRANK FRANK FRANK FRANK FRANK FRANK FRANK FRANK FRANK FR 	EIIKE ORK NOOL		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State	9	City & State				4.	59-346 1350	pplied For		
Zip	Country Zip		Country		5.	5. Certificate of Status Desired Sa.75 Add Fee Require				
6. Name and Address of Current Registered Agent				=: :::	7. Name and Address of New Registered Agent					
					Name					
COOK, GF			Street		Street Ad	Address (P.O. Box Number is Not Acceptable)				
1543 LAKELAND HILLS BLVD.										
LAKELAND FL 33805					·					
				-	City		FL Zip Code	e		
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) PATE										
10.	OFFICERS AND		 	11.		Δ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	S IN 11		
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	ST COOK, KENNETH J 222 ASH LANE LAKELAND FL 33813		☐ Delete	TITLE NAM STRE		·	☐ Change	☐ Addition		
TITLE NAME	P COOK, GREGORY G 222 ASH LANE LAKELAND FL 33813		☐ Delete	TITLE NAM STRE		-	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			- Delete		1		. Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAM STRE			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I		☐ Change	Addition		

12. I hereby certify that the information supplied with this filling 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:

COOK

02/24/2003

<u>(863)682-3395</u>