

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000084370

1. Entity Name  
LABORDE AND LANESE SERVICE CORPORATION



Principal Place of Business  
6101 WEBB RD, STE 107  
TAMPA, FL 33615

Mailing Address  
6101 WEBB RD, STE 107  
TAMPA, FL 33615

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

LABORDE, JOEL MD  
6101 WEBB ROAD  
SUITE 107  
TAMPA, FL 33615

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3537288	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

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

15875

FILE NOW!!! FEE IS \$450.00  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution:

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABORDE, JOEL M.D. 6101 WEBB RD, STE 107 TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANESE, JOSEPH W M.D. 6101 WEBB RD, STE 107 TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 entries.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/08

Date

Daytime Phone #