

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90096 024 ***158.75

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3537288**

Applied For
Not Applicable

Zip

Country

Zip

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

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

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to: Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABORDE, JOEL M.D. 6101 WEBB RD, STE 107 TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANESE, JOSEPH W M.D. 6101 WEBB RD, STE 107 TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 life employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/03 (813) 884-7971

Date Daytime Phone #

CR2E034 (4/03)

Attachment#
80147520
p98000084370

JOËL LABORDE, M.D.
JOSEPH W. LANESE, M.D.

DIPLOMATES OF THE AMERICAN BOARD OF INTERNAL MEDICINE

September 5, 2003

State of Florida
DIVISION OF CORPORATIONS
409 East Gaines Street
Tallahassee, FL 32399

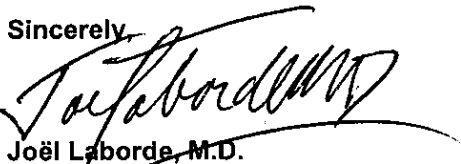
RE: Laborde and Lanese Service Corporation
Tax ID# 59-3537288

Dear Ladies/Gentlemen:

Enclosed please find the 2003 Uniform Business Report for our corporation. This report is being submitted at this time (September 5, 2003) due to the fact that we failed to receive the notice earlier in the year.

Thank you for your assistance and please do not hesitate to contact our office if there should be any questions or concerns.

Sincerely,



Joël Laborde, M.D.

JL:mc