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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V01694					
1. Corporation Name LILIANE KOVACS LESMES, M.D., FAAP, P.A.					
LICIANE	NOVAGO LEGIVIEG, IVI.D.,	FMAE, E-M-		A LEGAL BELGEL GARAL FLAVE ALLIN COLL BLOCK DIRLE	10 0100 Tible 0100 Dille 1701
		•			
Principal Place	e of Business	Mailing Address			TIT OTSIT BIRIT STRIT DIRIT FRAN
1879 NIGHTING		1879 NIGHTINGALE LANE			•
A-1		A-1		•	
TAVARES FL 32	2778	TAVARES FL 32778		DO NOT WRITE IN THIS	SPACE
US		US		3. Date Incorporated or Qualifed	J
				12/23/1991 4. FEI Number	Analised For
_	ace of Business	2a. Mailing Address	1 21.1	T	Applied For Not Applicable
	D. Burleigh Dly	d. 26 500 W. Bur Suite, Apt. #, etc.	laigh Blod.	. 59-3107885	\$8.75 Additional
Suite, Apt.	#, etc.	— <u> </u>	•	5, Certifcate of Status Desired	Fee Required
City & State	<u> </u>	City & State		6. Election Campaign Financing	\$5.00 May Be
⊢	 (28 TAVA .S	FL.	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Inta	ngible
24 3277	8 25 👟	29 32778	30	Personal Property Tax.	¥Yes □No
	9. Name and Address of Cur			10. Name and Address of New Registered A	gent
81 Name					
LESMES, LILIANE KOVACS			82 Street Adda	ress (P.O. Box Number is Not Acceptable)	
500 W BURLEIGH BLVD			0.0017100		
TAVARES FL 32778			83		
			84 City		85 Zip Code
<u> </u> 				<u> </u>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE			•		
	Signature, typed or printed name of registered		Registered Agent signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
12.	P	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
TITLE	•		1.2 NAME		
NAME	LESMES, LILIANE K 1879 NIGHTINGALE LANE, S	CHITE A.1	1.3 STREET ADDRESS		
STREET ADDRESS	TAVARES FL	SOIL AT			
CITY-ST-ZIP	TAVARES FL		1.4 CITY-ST-ZIP 2.1 TITLE	•	☐ Change ☐ Addition
\			2.2 NAME		
NAME			2.3 STREET ADDRESS	_	
STREET ADDRESS			2. 4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE !	4 18 200	DELETE	6.1 TITLE		Change Addition

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or shall an analysis and other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: ∠

STREET ADDRESS