

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 475357

**Entity Name:** LAKE ENT & FPS, P.A.

**Current Principal Place of Business:**

601 E DIXIE AVE  
MEDICAL PLAZA 901  
LEESBURG, FL 34748-2998

**Current Mailing Address:**

601 E DIXIE AVE  
MEDICAL PLAZA 901  
LEESBURG, FL 34748-2998 US

**FEI Number:** 59-1603953

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MADONNA, DINO MD  
601 E DIXIE AVE  
MEDICAL PLAZA 901  
LEESBURG, FL 34748 US

*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

**Officer/Director Detail :**

Title DP  
Name MILSTEAD, JUDITH C M.D.  
Address 601 E DIXIE AVE #901  
City-State-Zip: LEESBURG FL

Title DST  
Name VAUGHT, S D  
Address 601 E DIXIE AVE #901  
City-State-Zip: LEESBURG FL 34748

Title DVP  
Name MADONNA, DINO  
Address 601 E DIXIE AVE #901  
City-State-Zip: LEESBURG FL 34748

*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:** JUDITH C. MILSTEAD

**PRESIDENT**

**04/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date