

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H03214

Entity Name: LAKESIDE PEDIATRICS, P.A.**Current Principal Place of Business:**5950 S.FLORIDA AVE.
LAKELAND, FL 33813**Current Mailing Address:**5950 S.FLORIDA AVE.
LAKELAND, FL 33813**FEI Number:** 59-2406345**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RUGG, JOSEPH WN
ALLEN DELL, PA
202 S ROME AVE 100
TAMPA, FL 33606 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:** JOSEPH WN RUGG

02/11/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title PRESIDENT, DIRECTOR
Name LEVITEN, DANIEL L.
Address 4007 CHEVERLY DR
City-State-Zip: LAKELAND FL 33813Title SECRETARY, DIRECTOR
Name CORY, MATTHEW J
Address 325 PALMOLA
City-State-Zip: LAKELAND FL 33803Title DIRECTOR
Name ROLETTE, AYANNA
Address 5450 KINGS MONT DR
City-State-Zip: LAKELAND FL 33813Title DIRECTOR
Name CHACHAD, SAIRAH
Address 2022 HIGH VISTA DR
City-State-Zip: LAKELAND FL 33813

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: DANIEL LEVITEN

PRESIDENT

02/11/2016

Electronic Signature of Signing Officer/Director Detail

Date