

2021 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
JOHNSON POPE BOKOR RUPPEL & BURNS, LLP
401 EAST JACKSON STREET SUITE 3100
TAMPA, FL 33602 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 RUGG

02/12/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR

Name CORY, MATTHEW J

Address 2066 ILLINOIS AVENUE

City-State-Zip: ST. PETERSBURG FL 33703

Title SECRETARY, DIRECTOR

Name ROLETTE, AYANNA

Address 5450 KINGS MONT DR

City-State-Zip: LAKELAND FL 33813

Title DIRECTOR

Name CHACHAD, SAIRAH

Address 6394 HIGHLANDS IN THE WOODS AVE

City-State-Zip: LAKELAND FL 33813

Title DIRECTOR

Name CANNON, CARA M

Address 1414 SPRUCE ROAD SOUTH

City-State-Zip: LAKELAND FL 33809

Title DIRECTOR

Name RAMOS, YESENIA

Address 6519 EAGLE VIEW LOOP

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: MATTHEW J. CORY

PRESIDENT

02/12/2021

Electronic Signature of Signing Officer/Director Detail

Date