

2018 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

03/14/2018

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	1832 VIA LAGO DRIVE
City-State-Zip:	LAKELAND FL 33810

Title	DIRECTOR
Name	HARRISON, KRYSTIN M
Address	1954 ALTAVISTA CIRCLE
City-State-Zip:	LAKELAND FL 33810

Title	DIRECTOR
Name	RAMOS, YESENIA
Address	971 CHRISTINA CHASE DRIVE
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

03/14/2018

Electronic Signature of Signing Officer/Director Detail

Date