

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000049027

**Entity Name:** LAKE ENT CENTER, P.A.

**Current Principal Place of Business:**

601 E DIXIE AVE  
MEDICAL PLAZA 901  
LEESBURG, FL 34748

**Current Mailing Address:**

601 E DIXIE AVE  
MEDICAL PLAZA 901  
LEESBURG, FL 34748

**FEI Number:** 20-2695802

**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 D  
Name MILSTEAD, JUDITH C. MD  
Address MEDICAL PLAZA 901, 601 E. DIXIE AVE.  
City-State-Zip: LEESBURG FL 34748

Title D  
Name VAUGHT, S. DWIGHT MD  
Address MEDICAL PLAZA 901, 601 E. DIXIE AVE.  
City-State-Zip: LEESBURG FL 34748

Title D  
Name MADONNA, DINO MD  
Address MEDICAL PLAZA 901, 601 E. DIXIE AVE.  
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

**DIRECTOR**

**04/23/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date