

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000092212

**Entity Name:** THE LAKE DOCTORS, INC.

**Current Principal Place of Business:**

4651 SALISBURY RD  
SUITE 155  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

4651 SALISBURY RD  
SUITE 155  
JACKSONVILLE, FL 32256 US

**FEI Number:** 85-4157613

**Certificate of Status Desired:** No

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

SIDNEY S. SIMMONS, PL  
562 PARK STREET, SUITE 300  
JACKSONVILLE, FL 32204 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 CHAIRMAN  
Name CLARKSON, J. PALMER  
Address 4651 SALISBURY RD  
SUITE 155  
City-State-Zip: JACKSONVILLE FL 32256  
  
Title VP/CFO  
Name PORTER, DOUGLAS  
Address 4651 SALISBURY RD  
SUITE 155  
City-State-Zip: JACKSONVILLE FL 32256

Title PRESIDENT  
Name CLARKSON, K. TUCKER  
Address 4651 SALISBURY RD  
SUITE 155  
City-State-Zip: JACKSONVILLE FL 32256  
  
Title VP  
Name TOMLINSON, WILLIAM  
Address 4651 SALISBURY ROAD, SUITE 155  
City-State-Zip: JACKSONVILLE FL 32256

*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:** DOUGLAS PORTER

**CFO**

**03/19/2025**

Electronic Signature of Signing Officer/Director Detail

Date