

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V14514

Entity Name: HOWARD C. LUCAS, M.D., P.A.

Current Principal Place of Business:

560 AVENUE K, S.E.
WINTER HAVEN, FL 33880

Current Mailing Address:

560 AVENUE K, S.E.
WINTER HAVEN, FL 33880 US

FEI Number: 59-3112068

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUCAS, HOWARD
560 AVENUE K S.E.
WINTER HAVEN, FL 33880 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 DIRECTOR
Name LUCAS, HOWARD DR.
Address 560 AVENUE K, S.E.
City-State-Zip: WINTER HAVEN FL 33880

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: HOWARD LUCAS, MD

DIRECTOR

04/24/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date