

**2017 FLORIDA PROFIT CORPORATION REINSTATEMENT**

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:** HOWARD LUCAS

09/29/2017

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

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09/29/2017

Electronic Signature of Signing Officer/Director Detail

Date