2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2017
Secretary of State
CC2963554297

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Entity Name: LAKEVIEW SPECIALISTS LLC

Current Principal Place of Business:

10250 SE 167TH PLACE RD
STE 5-1
SUMMERFIELD, FL 34491

Current Mailing Address:

10250 SE 167TH PLACE RD
STE 5-1
SUMMERFIELD, FL 34491

FEI Number: 47-1442343

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAKEVIEW HEALTHCARE SYSTEM LLC
10250 SE 167TH PLACE RD
STE 5-1
SUMMERFIELD, FL 34491 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

Authorized Person(s) Detail :

Title	MGR
Name	LAKEVIEW HEALTHCARE SYSTEM LLC
Address	10250 SE 167TH PLACE RD STE 5-1
City-State-Zip:	SUMMERFIELD FL 34491

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KHAI CHANG MD 03/18/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date