2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2024
Secretary of State
1306689717CC

DOCUMENT# L22000202924

Entity Name: LAKESIDE IV INFUSION THERAPY, LLC

Current Principal Place of Business:

892 NW 50TH DR
OKEECHOBEE, FL 34972

Current Mailing Address:

892 NW 50TH DR
OKEECHOBEE, FL 34972 US

FEI Number: 88-2347455

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INC AUTHORITY RA
390 NORTH ORANGE AVE., STE 2300-N
ORLANDO, FL 32801 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: BETH ANDREWS 03/13/2024

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	DYER, DOUGLAS
Address	892 NW 50TH DR
City-State-Zip:	OKEECHOBEE FL 34972

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: DOUGLAS DYER MANAGER 03/13/2024

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