

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

90 MAY - 1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **742913** (7)
1. Corporation Name
LAKE COUNTY MEDICAL SOCIETY OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**701 N PALMETTO STREET P O BOX 492740
LEESBURG FL 34749-9740**

3. Date Incorporated or Qualified **05/18/1978** 3a. Date of Last Report **04/22/1994**
4. FEI Number **59-1199336** Applied For Not Applicable

2. Principal Place of Business 2b. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MARTIN, BARBARA H
701 PALMETTO ST
LEESBURG FL 34748**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) (Required Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE P	BOSSHARDT, RICHARD T 18 N. EUSTIS ST. EUSTIS FL 32726
TITLE P	STARK, KENNETH 1613 BANNING BEACH RD. TAVARES FL
TITLE V	KRONHAUS, KENNETH 250 E. 4TH AVE. MT. DORA FL
TITLE T	BERCKES, STACY 4 NO EUSTIS STR EUSTIS FL
TITLE S	PUGLIA, JAQUELYN 110 E NORTH BLVD LEESBURG FL
TITLE	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	PIO Stark, Kenneth
13 STREET ADDRESS	1613 Banning Beach Rd.
14 CITY ST ZIP	Tavares, FL 32778
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PEID Kronhaus, Kenneth
23 STREET ADDRESS	250 E. 4th Ave
24 CITY ST ZIP	Mt. Dora, FL 32757
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	VID Berokes Stacy
33 STREET ADDRESS	111 Waterman Ave
34 CITY ST ZIP	Mt. Dora, FL 32757
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	SID Puglia, Jaquelyn
43 STREET ADDRESS	110 E. North Blvd
44 CITY ST ZIP	Leesburg, FL 34748
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: (Kenneth Stark, M.D.) [Signature] 4-11-95 (904) 326-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Number)