FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Jan 15 1998 8:00am
Secretary of State

DOCUMENT # 742913 (7)

1. Corporation Name

LAKE COUNTY MEDICAL SOCIETY OF FLORIDA, INC.

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

3. Date Incorporated or Qualified: 05/18/1978

4. FEI Number: 59-1199336 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SARRO, EDWARD D
701 PALMETTO ST
SUITE F
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BERCKES, STACY JOHN M.D.	1.2 NAME	
STREET ADDRESS	111 WATERMAN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MT DORA FL 32757	1.4 CITY-ST-ZIP	
TITLE	PED ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PUGLIA, JACQUELYN M.D.	2.2 NAME	
STREET ADDRESS	110 E NORTH BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	2.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ASMANN, STEPHEN M.D.	3.2 NAME	
STREET ADDRESS	1135 LAKE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34712	3.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	OLLIVIERRE, DENISE M.D.	4.2 NAME	
STREET ADDRESS	110 E NOTHE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	4.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CHARLES, KEITH M.D.	5.2 NAME	
STREET ADDRESS	17560 HWY 441	5.3 STREET ADDRESS	
CITY-ST-ZIP	MT DORA FL 32757	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: STACY J BERCKES MD 1/8/98