

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90157 002 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # 742913
 1. Corporation Name
 LAKE COUNTY MEDICAL SOCIETY OF FLORIDA, INC.

339626-90120-2

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/18/1978
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1199336
24 Country	30 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SARRO, EDWARD D 701 PALMETTO ST SUITE F LEESBURG FL 34748	81 Name: Kathryn Osborne 82 Street Address (P.O. Box Number is Not Acceptable): 701 Palmetto St 83 Suite F 84 City: Leesburg FL 85 Zip Code: 34731

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: *[Signature]* DATE: 3/9/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	BERCKES, STACY JOHN M.D. 111 WATERMAN AVE MT DORA FL 32757	11 TITLE: President D	Buglia, Jacquelyn M.D. 1015 11th St Leesburg, FL 34748
TITLE: PED	PUGLIA, JACQUELYN M.D. 110 E NORTH BLVD LEESBURG FL 34748	21 TITLE: President elect D	Kronbays Kenneth, M.D. 205 E. Fourth Ave Mt Dora FL 32757
TITLE: VPD	ASMANN, STEPHEN M.D. 1135 LAKE AVE CLERMONT FL 34712	31 TITLE: Vice President D	Ollivier, Denise 1015 11th St Leesburg FL 34748
TITLE: SD	OLLIVIERE, DENISE M.D. 110 E NOTHE BLVD LEESBURG FL 34748	41 TITLE: Treasurer D	Charles, Kent, M.D. 17560 Hwy 441 Mt Dora, FL 32757
TITLE: TD	CHARLES, KEITH M.D. 17560 HWY 441 MT DORA FL 32757	51 TITLE: Secretary D	Pellosie John DO 421 W. Main St Tavares, FL 32778
TITLE: [Blank]	[Blank]	61 TITLE: [Blank]	[Blank]
TITLE: [Blank]	[Blank]	62 NAME: [Blank]	[Blank]
TITLE: [Blank]	[Blank]	63 STREET ADDRESS: [Blank]	[Blank]
TITLE: [Blank]	[Blank]	64 CITY-ST-ZIP: [Blank]	[Blank]

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 3/9/99 DAYTIME PHONE: 352-360-4433
[Signature] DATE: 3/30/99

CR2E037 (1/198)