

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031389

FILED  
Jan 19, 2010  
Secretary of State

**Entity Name:** LAKE MARY MEDICAL ASSOCIATES, LLC

**Current Principal Place of Business:**

740 WEST PLYMOUTH AVENUE  
DELAND, FL 32720 US

**New Principal Place of Business:**

**Current Mailing Address:**

740 WEST PLYMOUTH AVENUE  
DELAND, FL 32720 US

**New Mailing Address:**

**FEI Number:** 20-2644218

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLLMANN, MARK  
740 WEST PLYMOUTH AVENUE  
DELAND, FL 32720 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HOLLMANN, MARK  
Address: 740 WEST PLYMOUTH AVENUE  
City-St-Zip: DELAND, FL 32720 US

Title: MGRM  
Name: WALDBAUM, JONATHAN  
Address: 740 WEST PLYMOUTH AVENUE  
City-St-Zip: DELAND, FL 32720 US

Title: MGRM  
Name: REED, STEPHEN  
Address: 740 WEST PLYMOUTH AVENUE  
City-St-Zip: DELAND, FL 32720 US

Title: MGRM  
Name: DENOFF, FRANK  
Address: 740 WEST PLYMOUTH AVENUE  
City-St-Zip: DELAND, FL 32720 US

Title: MGRM  
Name: LAVOIE, STEPHANE  
Address: 740 WEST PLYMOUTH AVENUE  
City-St-Zip: DELAND, FL 32720 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MARK HOLLMANN

MGRM

01/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date