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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N04464 (6)

1. Corporation Name

LAKE BEAUTY MEDICAL CENTER CONDOMINIUM ASSOCIATI
ON, INC.



Principal Place of Business

Mailing Address

% DR. ELIZABETH NELSON
44 LAKE BEAUTY DRIVE, SUITE 400
ORLANDO FL 32806

% DR. ELIZABETH NELSON
44 LAKE BEAUTY DRIVE, SUITE 400
ORLANDO FL 32806-2048

3. Date Incorporated or Qualified
07/31/1984

3a. Date of Last Report
03/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2441147

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DR. ELIZABETH NELSON
44 LAKE BEAUTY DRIVE
SUITE 400
ORLANDO FL 32806

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME D BARNES, DURHAM
STREET ADDRESS 44 LAKE BEAUTY DRIVE
CITY-ST-ZIP ORLANDO FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 44 Lake Beauty Drive, Suite #300
1.4 CITY-ST-ZIP

TITLE DELETE
NAME D OLSON, JOHN
STREET ADDRESS 44 LAKE BEAUTY DRIVE
CITY-ST-ZIP ORLANDO FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS 44 Lake Beauty Drive, Suite #300
2.4 CITY-ST-ZIP

TITLE DELETE
NAME D KALTER, ZANE
STREET ADDRESS 44 LAKE BEAUTY DRIVE
CITY-ST-ZIP ORLANDO FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS 44 Lake Beauty Drive, Suite #100
3.4 CITY-ST-ZIP

TITLE DELETE
NAME DP NELSON, ELIZABETH
STREET ADDRESS 44 LAKE BEAUTY DRIVE
CITY-ST-ZIP ORLANDO FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS 44 Lake Beauty Drive, Suite #400
4.4 CITY-ST-ZIP

TITLE DELETE
NAME D NELSON, STANLEY
STREET ADDRESS 44 LAKE BEAUTY DRIVE
CITY-ST-ZIP ORLANDO FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS 44 Lake Beauty Drive, Suite #400
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

~~SIGNATURE REQUIRED~~

Elizabeth Nelson, MD

4/9/97 (407) 422-2641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0018706

CFR2037 (9/96)