

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04464

1. Entity Name

LAKE BEAUTY MEDICAL CENTER CONDOMINIUM ASSOCIATI

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90002 027 ****61.25

| | |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Principal Place of Business 44 LAKE BEAUTY DRIVE STE 300 ORLANDO FL 32806 US | Mailing Address 44 LAKE BEAUTY DRIVE STE 300 ORLANDO FL 32806-2047 US |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|

| | |
|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|-------------------------------------------------------|-------------------------------------------|

| | | | | |
|--------------|--------------|------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------|
| City & State | City & State | 4. FEI Number 59-2441147 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BARNES, DURHAM M
44 LAKE BEAUTY DRIVE
STE 300
ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Department of State**

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BARNES, DURHAM 44 LAKE BEAUTY DR, STE 300 ORLANDO FL | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OLSON, JOHN 44 LAKE BEAUTY DR, STE 300 ORLANDO FL | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICHMOND, PRESTON P 44 LAKE BEAUTY DR, STE 300 ORLANDO FL | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------------------------------------------------------|--|---------------------------------|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00

Date Daytime Phone #

CR2E037 (9/99)