

N04464

**SENTRY  
management** INC.

2180 W State Road 434 Ste 5000  
Longwood FL 32779-5044

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

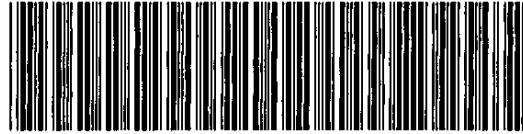
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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130240 12/1/06

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: LAKE BEAUTY MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 2180 W SR 434 STE 5000 LONGWOOD FL 32779-5044
3. The mailing address (if different):
4. Date of incorporation/qualification: 07/31/1984 Document number: N04464
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MACLARTY, SUE W
1180 SPRING CENTRE S BLVD #102
ALTAMONTE SPRINGS FL 32714

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- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
JAMES W HART JR
2180 W SR 434 STE 5000
(P.O. Box NOT acceptable)
LONGWOOD FL 32779-5044

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director) JOHN OLSON (Printed or typed name and title) Managing Member

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent) 12/5/06 (Date)

If signing on behalf of an entity:

JAMES W HART JR
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314