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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # N07070

1. Corporation Name

LAKELAND HILLS MEDICAL ARTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1305 LAKELAND HILLS BOULEVARD LAKELAND FL 33805-4544	1305 LAKELAND HILLS BLVD #101 LAKELAND FL 33805-4544 US

2. Principal Place of Business 21	2a. Mailing Address 26 1305 LAKELAND HILLS BLVD	3. Date Incorporated or Qualifed 01/11/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 104	4. FEI Number 59-2499061 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 LAKELAND FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 33805 Country 30 POLK	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MOZINGO, ROBERT M
1305 LAKELAND HILLS BLVD, 101
SUITE 104
LAKELAND FL 33805

10. Name and Address of New Registered Agent

81 Name: MICHAEL J PETRUSCHAK JR MD
82 Street Address (P.O. Box Number is Not Acceptable): 1305 LAKELAND HILLS BLVD
83: SUITE 104
84 City: LAKELAND **FL** 85 Zip Code: 33805

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: MICHAEL J PETRUSCHAK JR MD — 01/13/99
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	STD	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	MOZINGO, ROBERT M.D.		1.2 NAME	JOHN T FARGHER MD	
STREET ADDRESS	1305 LAKELAND HILLS BLVD		1.3 STREET ADDRESS	1305 LAKELAND HILLS BLVD STE 104	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	D	☐ DELETE	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	PETRUSCHAK JR., MICHAEL		2.2 NAME	MICHAEL J PETRUSCHAK JR MD	
STREET ADDRESS	1305 LAKELAND HILLS BLVD		2.3 STREET ADDRESS	1305 LAKELAND HILLS BLVD STE 104	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GOODNIGHT, TOM M		3.2 NAME		
STREET ADDRESS	1305 LAKELAND HILLS BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: MICHAEL J PETRUSCHAK JR MD — 01/13/99 — 941/688-2334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

REQUIRED