2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90130 019 ****61.25

DOCUMENT # N07070

1. Entity Name

LAKELAND HILLS MEDICAL ARTS CONDOMINIUM ASSOCIAT

Principal Place of Business	Mailing Address
1305 LAKELAND HILLS BOULEVARD LAKELAND FL 33805-4544	1305 LAKELAND HILLS BOULEVARD SUITE 104 LAKELAND FL 33805-4544 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2120 LAKELAND HILLS BLV	P O BOX 90609
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKELAND FL	City & State: LAKELAND FL
Zip: 33805	Country: POLK
	Zip: 33804-0609
	Country: POLK

4. FEI Number: 59-2499061 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETRUSCHAK, MICHAEL M.D. 1305 LAKELAND HILLS BOULEVARD SUITE 104 LAKELAND FL 33805	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FARGHER, JOHN T MD 1305 LAKELAND HILLS BLVD., STE. 104 LAKELAND FL 33805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PETRUSCHAK JR., MICHAEL 1305 LAKELAND HILLS BLVD., STE 104 LAKELAND FL 33805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GOODNIGHT, TOM M 1305 LAKELAND HILLS BLVD LAKELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (9/99)

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: Tom Fargher REQUIRED — APRIL 18 2000 — (863) 688-2334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #