2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
04-02-2001 90073 038 ****61.25

DOCUMENT # N07070

1. Entity Name

LAKELAND HILLS MEDICAL ARTS CONDOMINIUM ASSOCIAT

Principal Place of Business	Mailing Address
2120 LAKELAND HILLS BLVD LAKELAND FL 33805-4544	PO BOX 90609 LAKELAND FL 33804-0609 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1305 LAKELAND HILLS BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKELAND, FL 33805	City & State
Zip / Country	Zip / Country

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: LARRY M. DIETRICH Street Address (P.O. Box Number is Not Acceptable): 1305 LAKELAND HILLS BLVD. City: LAKELAND **FL** Zip Code: 33805

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: Larry M Dietrich 03/26/01
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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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

CR2E037 (10/00)

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: Larry M Dietrich REQUIRED LARRY M. DIETRICH 03/26/01 863-688-2334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #