2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2011
Secretary of State

DOCUMENT# N07070

Entity Name: LAKELAND HILLS MEDICAL ARTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1305 LAKELAND HILLS BLVD.
LAKELAND, FL 338054544

New Principal Place of Business:

Current Mailing Address:

PO BOX 90609
LAKELAND, FL 338040609 US

New Mailing Address:

FEI Number: 59-2499061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMITT, CHRISTIAN T MD
1305 LAKELAND HILLS BLVD.
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD
Name: ESPOSITO, MICHAEL D MD
Address: 1305 LAKELAND HILLS BLVD., STE. 104
City-St-Zip: LAKELAND, FL 33805

Title: PD
Name: SCHMITT, CHRISTIAN T MD
Address: 1305 LAKELAND HILLS BLVD STE 104
City-St-Zip: LAKELAND, FL 33805

Title: D
Name: HENRICKS, BRET D MD
Address: 1305 LAKELAND HILLS BLVD STE 104
City-St-Zip: LAKELAND, FL 33805

Title: TD
Name: LIMA, MARTHA C MD
Address: 1305 LAKELAND HILLS BLVD. STE 104
City-St-Zip: LAKELAND, FL 33305

Title: VPD
Name: ELMASRI, FAKHIR F MD
Address: 1305 LAKELAND HILLS BLVD STE 104
City-St-Zip: LAKELAND, FL 33803

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTIAN T. SCHMITT MD PD 02/02/2011

Electronic Signature of Signing Officer or Director Date