2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30643

1. Entity Name

DDECEDI/E LICHAECIA/MEDIC ACCOCIATION INC



Feb 24, 2003 8:00 am § Secretary of State 02-24-2003 90218 036 ****61.25

FILED

FNESER	ARE LICINIEUMNER.2 V22001	ATION, INC.							
1050A E. LAKE WOODLANDS PKWY. 10		Mailing Address 1050A E. LAKE WOODLAN OLDSMAR FL 34677	1050A E. LAKE WOODLANDS PKWY.						
					1 4 88 00 0 0 000 200	I achir c hini arren dun a ntsi blum	! 11111 11111 1	H S 11 S1811 1881	
2. Principa	I Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			7 10011181 000 1111	IIII	. 81811 81811 8	(8)) 8161) 1881	
					□ c	HECK HERE IF MAKING	CHANGE	S	
City & State		City & State		· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-3048031 Applied			Applied For	
Zip Country		Zip Country						Not Applicable	
<u> </u>			Country		5. Certificate of Star	tus Desired 🔲	\$8.75 Ad	dditional red	
·	6. Name and Address of Curren	t Registered Agent				7. Name and Address of New Registered Agent			
SCANNAVINO, DOMINICK			Name	Name				_	
	E. LAKE WOODLANDS PKWY.		Street Address			(P.O. Box Number is Not Acceptable)			
	AR FL 34677		-						
	4		City	 .			Tringe		
8. The abov	ye named entity submits this statement for	or the gurean as at a training	1 1		1×	FL	Zip Cod		
the obliga	ve named entity submits this statement for ations of registered agent.	or the purpose of changing its	registered office of	or registere	ed agent, or both, in th	e State of Florida. I am fa	miliar,with	, and accept	
**	ket j						•		
SIGNATURE	Signature, typed or printed name of registered agent	and title if conlicable (NOT)	E. Danishand A						
1, , , ,		(NOT)	E: Registered Agent signa	ature required w	vhen reinstating)	, DATE			
FILE NOW: FEE IS \$61.25 9. Election Campaign Fi				_	\$5.00 May Be	Make Check	Payable	to	
_		Trust Fund C	Trust Fund Contribution.			Florida Departn	nent of	State	
10.	OFFICERS AND DI	RECTORS	11,	A	DDITIONS/CHANGES	TO OFFICERS AND DIRE		V 10	
TITLE NAME	TSD MCMAHON LEGUE	☐ Delete	TITLE	レン			Change	☐ Addition	
STREET ADDRESS	MCMAHON, LESLIE 1316 PRESERVATION WAY		NAME STREET ADDRESS			•	•		
CITY-ST-ZIP	OLDSMAR FL 34677		CITY-ST-ZIP	'					
TITLE	D	☐ Delete	TITLE	10	-		Change	Addition	
name Street address	HERNANDEZ, MICHELLE		NAME	BEH	ge moun	15 15/02 WAY -L 34677		Za ridottion	
CITY-ST-ZIP	1348 PRESERVATION WAY OLDSMAR FL 34677		STREET ADDRESS	1328	DECORDED	1 24/77			
TITLE	D	Defete	TITLE	50	13///W. 1	-2 3/6//			
NAME	ALBANESE, VINCENT	Le Delete	NAME	KNU	TSON, Du.	SANKA ATION WA	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1372 PRESERVATION WAY		STREET ADDRESS	1318	PRESERV	ATION WA	سو		
FITLE	OLDSMAR FL 34677 VD		CITY-ST-ZIP	022	DSMAP,	C-L 3467	7		
IAME	ACKERMAN, TIMOTHY	☐ Delete	, title Name	P3		و	Change	☐ Addition	
STREET ADDRESS	1314 PRESERVATION WAY		STREET ADDRESS		-				
CITY-ST-ZIP	OLDSMAR FL 34677		CITY-ST-ZIP					1	
itle Iame		☐ Delete	TITLE		CLI CENO	CF [Change	Addition	
TREET ADDRESS			NAME STREET ADDRESS	106F	PRESER	IATION WI	95	1	
ITY-ST-ZIP			CITY-ST-ZIP	1201	SMAR,	GETION WI FL 3467 ! UWE IATION WI	7		
ITLE	***	☐ Delete	TITLE	<u> </u>		11	7 Channe	Addition	
AME Treet address			NAME	500	INE DER	UWE	سا ۵	~	
ITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	1300	Chala	[] 3()()	7		
			week and the	, , , ,	, , , , , , , , , , , , , , , , , , ,	4 TO 1 (//)		(

12. I hereby certify that the information supplied with this filling 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

SIGNATURE: /