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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04464 (6)

1. Corporation Name

**LAKE BEAUTY MEDICAL CENTER CONDOMINIUM ASSOCIATI
ON, INC.**

Principal Place of Business

Mailing Address

% DR. ELIZABETH NELSON
44 LAKE BEAUTY DRIVE, SUITE 400
ORLANDO FL 32806

% DR. ELIZABETH NELSON
44 LAKE BEAUTY DRIVE, SUITE 400
ORLANDO FL 32806

3. Date Incorporated or Qualified

07/31/1984

4. FEI Number

59-2441147

Applied For

Not Applicable

2. Principal Place of Business

21 44 LAKE BEAUTY DRIVE

Suite, Apt. #, etc.

22 SUITE 300

City & State

23 ORLANDO, FLORIDA

Zip

24 32806

Country

25 U.S.A.

2a. Mailing Address

26 44 LAKE BEAUTY DRIVE

Suite, Apt. #, etc.

27 SUITE 300

City & State

28 ORLANDO, FLORIDA

Zip

29 32806

Country

30 U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DR. ELIZABETH NELSON
44 LAKE BEAUTY DRIVE
SUITE 400
ORLANDO FL 32806

81 Name

DURHAM BARNES, M.D.

82 Street Address (P.O. Box Number is Not Acceptable)

44 LAKE BEAUTY DRIVE

83

SUITE 300

84 City

ORLANDO

FL

85 Zip Code

32806

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

[Signature] DURHAM BARNES

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
BARNES, DURHAM
STREET ADDRESS 44 LAKE BEAUTY DR, STE 300
CITY - ST - ZIP ORLANDO FL

TITLE ☐ DELETE

NAME D
OLSON, JOHN
STREET ADDRESS 44 LAKE BEAUTY DR, STE 300
CITY - ST - ZIP ORLANDO FL

TITLE ☒ DELETE

NAME D
KALTER, ZANE
STREET ADDRESS 44 LAKE BEAUTY DR, STE 100
CITY - ST - ZIP ORLANDO FL

TITLE ☒ DELETE

NAME DP
NELSON, ELIZABETH
STREET ADDRESS 44 LAKE BEAUTY DR, STE 400
CITY - ST - ZIP ORLANDO FL

TITLE ☒ DELETE

NAME D
NELSON, STANLEY
STREET ADDRESS 44 LAKE BEAUTY DR, STE 400
CITY - ST - ZIP ORLANDO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

DIRECTOR
RICHMOND, PRESTON P.
44 LK BEAUTY DR., STE 300
ORLANDO, FL.

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.

SIGNATURE:

[Signature] JOHN C. OLSON 2-9-98

407-425-7188

CF2E037 (10/97)