## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000003372

FILED Apr 29, 2010 Secretary of State

Entity Name: LAKE BENNET MEDICAL CENTRE CONDOMINIUM ASSOCIATION II, INC.

Current Principal Place of Business: New Principal Place of Business:

550 EAST SR 434 235 NORTH WESTMONTE DRIVE LONGWOOD, FL 32750 ALTAMONTE SPRINGS, FL 32714

Current Mailing Address: New Mailing Address:

550 EAST SR 434 235 NORTH WESTMONTE DRIVE LONGWOOD, FL 32750 ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-8057206 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARNOLD MATHENY & EAGAN P.A.

605 E ROBINSON ST.

SUITE 730

ORLANDO, FL 32801 US

PA MANAGEMENT
235 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 US

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: DENNIS J. BUHRING 04/29/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: DIR

Name: ZINKOVICH, LINDA

Address: 235 NORTH WESTMONTE DRIVE City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DIR

Name: SIDDIQUI, MUQUEET MD Address: 1144 KELTON AVE. City-St-Zip: OCOEE, FL 34761

Title: DIR

Name: MCCOY, MARK DDS Address: 1146 KELTON AVE. City-St-Zip: OCOEE, FL 34761

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: DENNIS J. BUHRING MGR 04/29/2010