

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000060419

Entity Name: LCMC MEDICAL STAFF FUND INC

Current Principal Place of Business:

795 SW SR 47
LAKE CITY, FL 32025

Current Mailing Address:

795 SW SR 47
LAKE CITY, FL 32025

FEI Number: 47-1356437

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

APEL, RUTH
377 NW FERNBROOK LOOP
LAKE CITY, FL 32055 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name THOMPSON, MARK E
Address 795 SW SR 47
City-State-Zip: LAKE CITY FL 32025

Title VP
Name TEPEDINO, MIGUEL J
Address 1717 SW NEWLAND WAY
City-State-Zip: LAKE CITY FL 32025

Title T,S
Name TALWAR, SIMARPREET
Address 340 NW COMMERCE DRIVE
City-State-Zip: LAKE CITY FL 32055

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK E. THOMPSON

PRESIDENT

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date