

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742913 (7)
1. Corporation Name
LAKE COUNTY MEDICAL SOCIETY OF FLORIDA, INC.



Principal Place of Business Mailing Address
**701 N PALMETTO STREET
P O BOX 492740
LEESBURG FL 34749-9740**

3. Date Incorporated or Qualified **05/18/1978** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-1199336** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTIN, BARBARA H
701 PALMETTO ST
LEESBURG FL 34748**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PD STARK, KENNETH**
STREET ADDRESS **1613 BANNING BEACH RD**
CITY-ST-ZIP **TAVARES FL**
TITLE DELETE
NAME **PED KROUHAUS KENNETH**
STREET ADDRESS **250 E. 4TH AVE**
CITY-ST-ZIP **MT. DORA FL**
TITLE DELETE
NAME **V KRONHAUS, KENNETH**
STREET ADDRESS **250 E. 4TH AVE.**
CITY-ST-ZIP **MT. DORA FL**
TITLE DELETE
NAME **SD PUGLIA, JACQUELYN**
STREET ADDRESS **110 E. NORTH BLVD**
CITY-ST-ZIP **LEESBURG FL**
TITLE DELETE
NAME **S PUGLIA, JAQUELYN**
STREET ADDRESS **110 E NORTH BLVD**
CITY-ST-ZIP **LEESBURG FL**
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME **Kronhaus, Kenneth**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME **Stephen Asmann, M.D.**
5.3 STREET ADDRESS **1135 Lake Ave,**
5.4 CITY-ST-ZIP **Clermont, FL 34711**
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Kenneth Stark M.D. 2-7-96 (852)326-4433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)