


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 97 NOV 10 PM 5:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **742913**
 1. Corporation Name
LAKE COUNTY MEDICAL SOCIETY OF FLORIDA, INC.

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



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip
 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip
 4. Date Incorporated or Qualified To Do Business In Florida **05/18/1978**
 5. FEI Number **59-1199336** Applied For Not Applicable
 CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	STARK, KENNETH	1813 BANNING BEACH RD	TAVARES FL
PD	KRONHAUS KENNETH	250 E. 4TH AVE	MT. DORA FL
V	KRONHAUS, KENNETH	250 E. 4TH AVE.	MT. DORA FL
SD	PUGLIA, JACQUELYN	110 E. NORTH BLVD	LEESBURG FL
T	ASMANN, STEPHEN MD	1135 LAKE AVE.	CLERMONT FL
PD	STACY JOHN BERCKES MD	111 WATERMAN AVE.	MT DORA FL

8. Name and Address of Current Registered Agent
MARTIN, BARBARA H
701 PALMETTO ST
LEESBURG FL 34748

9. Name and Address of New Registered Agent
 Name **EDWARD D. SARRO**
 Street Address (P.O. Box Number Is Not Acceptable) **300002344963-7**
 Suite, Apt. #, Etc. **SUITE # F**
 City **LEESBURG** State **FL** Zip Code **34748**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent *[Signature]* Date **11-5-97**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No
 (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* Date **11-5-97** Daytime Phone # **352-735-3813**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRF040 (8/97)



LAKE COUNTY MEDICAL SOCIETY

701 N. Palmetto Street, Suite 100
Post Office Drawer 492740 • Leesburg, Florida 34749-2740
Tel: (352) 326-4433 • Fax: (352) 326-8607 • Internet: marti02601@medone.org



TITLE	NAME	ADDRESS	CITY/STATE/ZIP
PD	STACY JOHN BERCKES M.D.	111 WATERMAN AVE.	MT. DORA, FL. 32757
PED	JACQUELYN PUGLIA M.D.	110 E. NORTH BLVD	LEESBURG, FL. 34748
VPD	STEPHEN ASMANN M.D.	1135 LAKE AVE.	CLERMONT, FL. 34712
SD	DENISE OLLIVIERRE M.D.	110 E. NOTHE BLVD,	LEESBURG, FL. 34748
T D	KEITH CHARLES M.D.	17560 HWY 441,	MT. DORA, FL. 32757

The above are the newly elected officers for 1997/98