


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 15 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 742913 (7)**  
 1. Corporation Name  
**LAKE COUNTY MEDICAL SOCIETY OF FLORIDA, INC.**



Principal Place of Business <b>701 N PALMETTO STREET SUITE F LEESBURG FL 34749-9740</b>	Mailing Address <b>701 N PALMETTO STREET P.O. BOX 492740 LEESBURG FL 34749-9740</b>
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3. Date Incorporated or Qualified <b>05/18/1978</b>	
4. FEI Number <b>59-1199336</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28 Zip Country
24	25
29	30

**9. Name and Address of Current Registered Agent**

**SARRO, EDWARD D  
701 PALMETTO ST  
SUITE F  
LEESBURG FL 34748**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reheling)

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>BERCKES, STACY JOHN M.D.</b>	
STREET ADDRESS	<b>111 WATERMAN AVE</b>	
CITY-ST-ZIP	<b>MT DORA FL 32757</b>	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	<b>PUGLIA, JACQUELYN M.D.</b>	
STREET ADDRESS	<b>110 E NORTH BLVD</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	<b>ASMANN, STEPHEN M.D.</b>	
STREET ADDRESS	<b>1135 LAKE AVE</b>	
CITY-ST-ZIP	<b>CLERMONT FL 34712</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>OLLMERRE, DENISE M.D.</b>	
STREET ADDRESS	<b>110 E NOTHE BLVD</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>CHARLES, KEITH M.D.</b>	
STREET ADDRESS	<b>17560 HWY 441</b>	
CITY-ST-ZIP	<b>MT DORA FL 32757</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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]* **STACY J BERCKES M.D.** 1/15/98

CP2E037 (10/97)