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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90157 002 ****61.25



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

NONPROFIT CORPORATION
 ANNUAL REPORT
1999

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
 SUITE F P.O. BOX 492740
 LEESBURG FL 34749-9740 LEESBURG FL 34749-9740



3 3 9 6 2 6 *
 339626 - 90120 - 2

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/18/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-1199336	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired	
Zip		Zip		Country	
Country		Country		Country	
24		29		30	
				6. Election Campaign Financing Trust Fund Contribution	
				Fee Required	
				\$8.75 Additional	
				Fee Required	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SARRO, EDWARD D 701 PALMETTO ST SUITE F LEESBURG FL 34748				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	Suite, Apt. #, etc.		
				84	City	FL	85
				Leesburg			34731

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]* DATE: 3/9/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		11 TITLE	President D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERCKES, STACY JOHN M.D.			12 NAME	Buglia, Jacquelyn M.D.		
STREET ADDRESS	111 WATERMAN AVE			13 STREET ADDRESS	1015.11th St		
CITY-ST-ZIP	MT DORA FL 32757			14 CITY-ST-ZIP	Leesburg, FL 34748		
TITLE	PED	<input type="checkbox"/> DELETE		21 TITLE	President elect D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PUGLIA, JACQUELYN M.D.			22 NAME	Kronbays Kenneth, M.D.		
STREET ADDRESS	110 E NORTH BLVD			23 STREET ADDRESS	205 E. Fourth Ave		
CITY-ST-ZIP	LEESBURG FL 34748			24 CITY-ST-ZIP	MT DORA FL 32757		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		31 TITLE	Vice President D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ASMANN, STEPHEN M.D.			32 NAME	Ollivier, Denise		
STREET ADDRESS	1135 LAKE AVE			33 STREET ADDRESS	1015.11th St		
CITY-ST-ZIP	CLERMONT FL 34712			34 CITY-ST-ZIP	Leesburg FL 34748		
TITLE	SD	<input type="checkbox"/> DELETE		41 TITLE	Treasurer D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OLLIVIERE, DENISE M.D.			42 NAME	Charles, Ken, M.D.		
STREET ADDRESS	110 E NOTHE BLVD			43 STREET ADDRESS	17560 Hwy 441		
CITY-ST-ZIP	LEESBURG FL 34748			44 CITY-ST-ZIP	MT DORA, FL 32757		
TITLE	TD	<input type="checkbox"/> DELETE		51 TITLE	Secretary D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CHARLES, KEITH M.D.			52 NAME	Pellosie John DO		
STREET ADDRESS	17560 HWY 441			53 STREET ADDRESS	421 W. main St		
CITY-ST-ZIP	MT DORA FL 32757			54 CITY-ST-ZIP	Tavares, FL 32778		
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 3/9/99 DAYTIME PHONE: 352-360-4433
[Signature] DATE: 3/30/99

CR2E037 (1/198)