

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742913

1. Entity Name

LAKE COUNTY MEDICAL SOCIETY OF FLORIDA, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90030 003 ****61.25

Principal Place of Business 701 N PALMETTO STREET SUITE F LEESBURG FL 34749-9740	Mailing Address 701 N PALMETTO STREET P.O. BOX 492740 LEESBURG FL 34749-2740
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-1199336	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSBORNE, CATHRYN
 701 PALMETTO ST
 SUITE F
 LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name: Cynthia B. Nash
 Street Address (P.O. Box Number is Not Acceptable):
3 N. DIXIE HWY
 City: LEESBURG FL Zip Code: 34749

8. 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: Cynthia B. Nash, Executive Director 6-6-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUGLIA, JACQUELYN M.D. 1015 11TH ST LEESBURG FL 34748	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PELLOSIE, JOHN D 421 W MAIN ST TAVARES FL 32778	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OLLIVIERRE, DENISE M.D. 1015 11TH ST LEESBURG FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHARLES, KEITH M.D. 17580 HWY 441 MT DORA FL 32757	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRONBAUS, KENNETH MD 205 E FOURTH AVE MT DORA FL 32757	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gonzalez, Jaime C MD 810 West Desoto Street Clermont, FL 34711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Berckes, Stacy MD 111 Waterman Ave Mount Dora, FL 32757	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia B. Nash 6-6-00 352-326-4133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #

CRE037 (9/99)