

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90243 012 ****61.25

DOCUMENT # 742913

1. Entity Name
LAKE COUNTY MEDICAL SOCIETY OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
901 N LAKE DESTINY DR

3. Mailing Address
PO BOX 1578

Suite, Apt. #, etc.
STE 385

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MAITLAND, FL

City & State
MOUNT DORA, FL

4. FEI Number
59-1199336

Applied For
Not Applicable

Zip
32751

Country
USA

Zip
32756

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CYNTHIA NASH

Street Address (P.O. Box Number is Not Acceptable)
901 N LAKE DESTINY DR

STE 385

City
MAITLAND FL Zip Code
32751

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 Nash* CYNTHIA NASH, *23 April 2002*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOPPINO, MAYSSA A M.D. 1715 W HWY 50 BLDG 3 STE A CLERMONT, FL 34711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OLLIVERRE, DENISE M.D. 1015 11TH ST LEESBURG, FL 34748	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERCKES, STACY M.D. 111 WATERMAN AVE MOUNT DORA, FL 32757	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *4/23/02 (352) 314 24 24*