

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2004  
Secretary of State**

DOCUMENT# 742913

Entity Name: LAKE-SUMTER MEDICAL SOCIETY, INC.

**Current Principal Place of Business:**

901 N LAKE DESTINY DR  
STE 385  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1578  
MOUNT DORA, FL 32756

**New Mailing Address:**

FEI Number: 59-1199336      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NASH, CYNTHIA B  
901 N LAKE DESTINY DR  
STE 385  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TOPPINO, MAYSSA A MD  
Address: 1715 W HWY 50 BLD 3 STE A  
City-St-Zip: CLERMONT, FL 34711

Title: VPD ( ) Delete  
Name: OLLIVIERRE, DENISE M.D.  
Address: 1015 11TH ST  
City-St-Zip: LEESBURG, FL 34748

Title: D ( ) Delete  
Name: NASH, CYNTHIA B  
Address: 901 N. LAKE DESTINY DRIVE, SUITE 385  
City-St-Zip: MAITLAND, FL 32751

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GLOVER, SHELLEY M.D.  
Address: P.O. BOX 1578  
City-St-Zip: MOUNT DORA, FL 34756

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA B. NASH

D

04/26/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date