

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 25, 2005
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: D () Delete
Name: GLOVER, SHELLEY M.D.
Address: P.O. BOX 1578
City-St-Zip: MOUNT DORA, FL 34756

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: PD (X) Change () Addition
Name: GLOVER, SHELLEY C MD
Address: P.O. BOX 1578
City-St-Zip: MT. DORA, FL 34756

Title: D (X) Change () Addition
Name: FLINK, HERMAN 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

04/25/2005

Electronic Signature of Signing Officer or Director

Date