

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742913

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: LAKE-SUMTER MEDICAL SOCIETY, INC.

**Current Principal Place of Business:**

4880 N HWY 19A  
MOUNT DORA, FL 32757

**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:**

NAGLE, LINDA  
4880 N HWY 19A  
MOUNT DORA, FL 32757      US

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

MILLWATER, CAROL  
4880 N HWY 19A  
MOUNT DORA, FL 32757      US

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: CAROL MILLWATER      01/06/2009  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

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

Title: D      ( ) Delete  
Name: FLINK, HERMAN M.D.  
Address: P.O. BOX 1578  
City-St-Zip: MOUNT DORA, FL 34756

Title: D      ( ) Delete  
Name: NAGLE, LINDA  
Address: PO BOX 1578  
City-St-Zip: MOUNT DORA, FL 32756

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

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

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

Title: D      (X) Change ( ) Addition  
Name: MILLWATER, CAROL  
Address: PO BOX 1578  
City-St-Zip: MOUNT DORA, FL 32756

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CAROL MILLWATER      D      01/06/2009  
Electronic Signature of Signing Officer or Director      Date