

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742913

FILED
Jan 29, 2010
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:

MILLWATER, CAROL
4880 N HWY 19A
MOUNT DORA, FL 32757 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
Name: ZAVALETA, ERNESTO MD
Address: P.O. BOX 1578
City-St-Zip: MT. DORA, FL 34756

Title: D
Name: BOARDMAN, JASON M.D.
Address: P.O. BOX 1578
City-St-Zip: MOUNT DORA, FL 34756

Title: D
Name: MILLWATER, CAROL
Address: PO BOX 1578
City-St-Zip: MOUNT DORA, FL 32756

I hereby 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 all other like empowered.

SIGNATURE: ERNESTO ZAVALETA, MD

PD

01/29/2010

Electronic Signature of Signing Officer or Director

Date