

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742913

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** LAKE-SUMTER MEDICAL SOCIETY, INC.

**Current Principal Place of Business:**

401 E. ALFRED STREET  
TAVARES, FL 32778

**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  
401 E. ALFRED STREET  
TAVARES, FL 32778 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: P  
Name: BOARDMAN, JASON M.D.  
Address: P.O. BOX 1578  
City-St-Zip: MT. DORA, FL 34756

Title: VP  
Name: FLINK, HERMAN 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: JASON BOARDMAN, M.D.

P

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date