

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766555

FILED  
Feb 22, 2010  
Secretary of State

**Entity Name:** LECHER PROFESSIONAL CENTER, A CONDOMINIUM, INC.

**Current Principal Place of Business:**

2557 NURSERY ROAD  
SUITE D  
CLEARWATER, FL 33764

**New Principal Place of Business:**

2557 NURSERY ROAD  
SUITE A  
CLEARWATER, FL 33764

**Current Mailing Address:**

2557 NURSERY ROAD  
SUITE D  
CLEARWATER, FL 33764

**New Mailing Address:**

2557 NURSERY ROAD  
SUITE A  
CLEARWATER, FL 33764

**FEI Number:** 59-3069488

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, EDWARD J  
2557 NURSERY ROAD  
SUITE D  
CLEARWATER, FL 33764 US

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

HILKERT, DOUGLAS L  
2557 NURSERY ROAD  
SUITE A  
CLEARWATER, FL 33764 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: DOUGLAS L. HILKERT

02/22/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: HILKERT, DOUGLAS L  
Address: 2557 NURSERY RD SUITE A  
City-St-Zip: CLEARWATER, FL 33764

Title: TD  
Name: SMITH, EDWARD J  
Address: 2557 NURSERY ROAD SUITE D  
City-St-Zip: CLEARWATER, FL 33764

Title: D  
Name: MCCARTHY, E. MICHAEL  
Address: 2555 NURSERY ROAD SUITE A-D  
City-St-Zip: CLEARWATER, FL 33764

Title: D  
Name: RODRIGUEZ, MANUEL H  
Address: 2557 NURSERY ROAD SUITE B  
City-St-Zip: CLEARWATER, FL 33764

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: EDWARD J. SMITH D.M.D.

TD

02/22/2010

Electronic Signature of Signing Officer or Director

Date