

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 27, 2008 8:00 am
Secretary of State

06-27-2008 90001 023 ****61.25

DOCUMENT # 770173

1. Entity Name
LINCOURT MEDICAL ASSOCIATION, INC.



Principal Place of Business
**501 S LINCOLN AVE
CLEARWATER, FL 33756**

Mailing Address
**2181 INDIAN ROCKS RD S
LARGO, FL 33774**

50007578



DO NOT WRITE IN THIS SPACE

06192008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2330767

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCCONNELL, NICOLA
2181 INDIAN ROCKS RD SOUTH
SUITE 1
LARGO, FL 33774**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DR
ABOUD, ANTHONY D.O.
501 S. LINCOLN AVE.
CLEARWATER, FL 33756**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MARGOLIN, JERRY
501 S LINCOLN AVE
CLEARWATER, FL 33756**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LADSON, LOUIE
501 S LINCOLN AVE.
CLEARWATER, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-23-08

727-442-2193