

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770173

FILED
Mar 31, 2009
Secretary of State

Entity Name: LINCOURT MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

501 S LINCOLN AVE
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

2181 INDIAN ROCKS RD S
LARGO, FL 33774

New Mailing Address:

FEI Number: 59-2330767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCONNELL, NICOLA
2181 INDIAN ROCKS RD SOUTH
SUITE 1
LARGO, FL 33774 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: DR () Delete
Name: ABOUD, ANTHONY D.O.
Address: 501 S. LINCOLN AVE.
City-St-Zip: CLEARWATER, FL 33756

Title: DP () Delete
Name: MARGOLIN, JERRY
Address: 501 S LINCOLN AVE
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: LADSON, LOUIE
Address: 501 S LINCOLN AVE.
City-St-Zip: CLEARWATER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/T (X) Change () Addition
Name: ABOUD, ANTHONY D.O.
Address: 501 S. LINCOLN AVE.
City-St-Zip: CLEARWATER, FL 33756

Title: DP (X) Change () Addition
Name: MARGOLIN, JERRY MD
Address: 501 S LINCOLN AVE
City-St-Zip: CLEARWATER, FL 33756

Title: D/S (X) Change () Addition
Name: LADSON, LOUIE
Address: 501 S LINCOLN AVE.
City-St-Zip: CLEARWATER, FL

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: JERRY MARGOLIN

D/P

03/31/2009

Electronic Signature of Signing Officer or Director

Date