

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002041

FILED
Sep 12, 2004
Secretary of State

Entity Name: LAKE/SUMTER COUNTY MEDICAL ALLIANCE, INC.

Current Principal Place of Business:

819 HIGH POINTE CIRCLE
CLERMONT, FL 34711

New Principal Place of Business:

819 HIGH POINTE CIRCLE
MINNEOLA, FL 34711

Current Mailing Address:

819 HIGH POINTE CIRCLE
CLERMONT, FL 34711

New Mailing Address:

PO BOX 687
MINNEOLA, FL 34755

FEI Number: 01-0641584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOPPINO, PHILIP M
819 HIGH POINTE CIRCLE
CLERMONT, FL 34711

Name and Address of New Registered Agent:

TOPPINO, PHILIP M
819 HIGH POINTE CIRCLE
MINNEOLA, FL 34715

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: PHILIP M TOPPINO

09/12/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TOPPINO, PHILIP M
Address: P.O. BOX 687
City-St-Zip: MINNEOLA, FL 34755

Title: T () Delete
Name: NASH, CYNTHIA
Address: 2304 ALOMA AVE
City-St-Zip: WINTER PARK, FL 32792

Title: T () Delete
Name: LAROE, KENNETH E
Address: 22449 LAKE SENECA RD
City-St-Zip: EUSTIS, FL 32736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PHILIP M TOPPINO

PD

09/12/2004

Electronic Signature of Signing Officer or Director

Date