

FILED
Apr 17, 2003 8:00 am
Secretary of State

01-13-2003 90821 022 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: N02000002041

1. Entity Name

LAKE/SUMTER COUNTY MEDICAL ALLIANCE, INC.



Principal Place of Business

Mailing Address

819 HIGH POINTE CIRCLE
CLERMONT FL 34711

819 HIGH POINTE CIRCLE
CLERMONT FL 34711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0641584

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TOPPINO, PHILIP M
819 HIGH POINTE CIRCLE
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	TOPPINO, PHILIP M	P.O. BOX 687	MINNEOLA FL 34755	☒
	NASH, Cynthia	2904 Aloma Ave	Winter Park, FL 32792	☐
	LAROE, KENNETH E.	32449 CAICE SENECA RD.	EUSTIS, FL 32736	☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

12. I hereby certify that the information supplied with this filing does not qualify 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 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 #

1/9/03

CR2037 (10/02)