

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002355

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** LRMC MEDICAL PLAZA ASSOCIATION II, INC.

**Current Principal Place of Business:**

600 EAST DIXIE AVENUE  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

600 EAST DIXIE AVENUE  
LEESBURG, FL 34748

**New Mailing Address:**

**FEI Number:** 59-0474555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRAUN, PHILLIP  
600 EAST DIXIE AVENUE  
LEESBURG, FL 34748 US

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

BRAUN, PHILLIP  
940 LAKE SHORE DRIVE, SUITE 200  
THE VILLAGES, FL 32162 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:**

01/11/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** VPD  
**Name:** HUNTLEY, LEE S  
**Address:** 940 LAKE SHORE DRIVE  
**City-St-Zip:** THE VILLAGES, FL 32162

**Title:** S/T  
**Name:** HOCKING, DALE E  
**Address:** 940 LAKE SHORE DRIVE, STE 200  
**City-St-Zip:** THE VILLAGES, FL 32162

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:** DALE E. HOCKING

S/T

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date