

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

DOCUMENT # N02000002355

1. Entity Name

LRMC MEDICAL PLAZA ASSOCIATION II, INC.



FILED
Jul 21, 2003 8:00 am
Secretary of State

02-26-2003 90148 050 ****70.00

0016472

Principal Place of Business
**600 EAST DIXIE AVENUE
LEESBURG FL 34748**

Mailing Address
**600 EAST DIXIE AVENUE
LEESBURG FL 34748**

55051751



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBUCK, H. D JR.
610 EAST MAIN STREET
LEESBURG FL 34748**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOTEN, RICHARD - Director 600 EAST DIXIE AVENUE LEESBURG FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCONNELL, R. P - Director 600 EAST DIXIE AVENUE LEESBURG FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Don Hocking Dale 600 E Dixie Ave Leesburg, FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/03

352-23-5002

Date

Daytime Phone #

CR2E037 (4/03)

Attachment 55051751
0200002355

Form **SS-4**

Application for Employer Identification Number

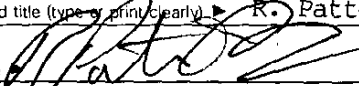
(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

OMB No. 1545-0003

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested LRMC Medical Plaza Association II, Inc.		
	2 Trade name of business (if different from name on line 1) LRMC Medical Plaza		3 Executor, trustee, "care of" name R. Patton McConnell
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 600 E. Dixie Ave.		5a Street address (if different) (Do not enter a P.O. box.) Corporate Office, 600 E. Dixie Ave.
	4b City, state, and ZIP code Leesburg, Fl. 34748		5b City, state, and ZIP code Leesburg, Fl. 34748
	6 County and state where principal business is located Lake, Florida		
	7a Name of principal officer, general partner, grantor, owner, or trustor Richard L. Wooten		7b SSN, ITIN, or EIN 267-33-8822
8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Church or church-controlled organization _____ <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ non-residential development <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country where incorporated State Florida Foreign country _____			
9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ 3-21-02 <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
10 Date business started or acquired (month, day, year) 4-1-2002		11 Closing month of accounting year June	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ NA			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". -0- Agricultural -0- Household -0- Other -0-			
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) non-residential development <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. NA			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name Address and ZIP code	Designee's telephone number (include area code) () Designee's fax number (include area code) ()	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (type or print clearly) ▶ R. Patton McConnell, Vice-President		Applicant's telephone number (include area code) (352) 323-5002	
Signature  Date ▶ 7-15-02		Applicant's fax number (include area code) (352) 323-5009	