2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2007 8:00 am Secretary of State

DOCUMENT # N0500002061 1. Entity Name LAKE MARY PROFESSIONAL CENTER ASSOCIATION, INC.					-11-2007 90057 028 ****61.25	
Principal Plac 1101 N. MAI MAITLAND, F	TLAND AVE.	Mailing Address 120 E. COLONIAL DRIVE ORLANDO, FL 32801	•	4000	1747	
2. Principal P	Mace of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01052007 Chg	g-NP CR2E037 (12/06)	
City & State	8	City & State		4. FEI Number 03-0560930	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Star	- \$8.75 Additional	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent						
ANSARA, ASHLEY				Name Charles J. Mothell Ja		
1101 N. MANTLAND AVE. MAITLAND, FL 32751			Street Addres	(P.O. Box Number is N	ot Acceptable)	
					1 =	
		,	City Only		FL Zingago/	
8. The above named entity submits that statement for the purpose of changing its registered office the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature)					ne State of Florida. I am familiar with, and accept	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State	
10.	OFFICERS AND I	DIDECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS IN 10	
TITLE			1 ···· - ··· · · · · · · · · · · · · · ·) 	Chance M Addition	
TITLE NAME	PD ANSARA, ASHLEY	Delate	TITLE)	Change Addition	
NAME Street adoress	PD ANSARA, ASHLEY 1101 N. MAITLAND AVE.		TITLE NAME STREET ADDRESS	lyani Gado 7 Rinehar	t Rd. Ste. 2051	
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12. Thereby certify that the information supplied with this fitting does not qualify for the exemptions contained 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 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 flustee 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:

SIGNATURE AND TYPED OR PRINTED NAME

GNING OFFICER OR DIRECTOR

Daytime Phone #