

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012631

FILED  
Apr 15, 2010  
Secretary of State

**Entity Name:** PROFESSIONAL CENTER AT LAKEWOOD RANCH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8926 77TH TERRACE EAST  
SUITE 101  
LAKEWOOD RANCH, FL 34202 US

**New Principal Place of Business:**

**Current Mailing Address:**

8374 MARKET STREET  
#402  
LAKEWOOD RANCH, FL 34202 US

**New Mailing Address:**

**FEI Number:** 26-0335525

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARSENAULT, MICHAEL A MD  
8374 MARKET STREET  
#402  
LAKEWOOD RANCH, FL 34202 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: ARSENAULT, MICHAEL A MD  
Address: 8374 MARKET STREET, #402  
City-St-Zip: LAKEWOOD RANCH, FL 34202 US

Title: DVP  
Name: PURSER, CONSTANCE MD  
Address: 8936 77TH TERRACE EAST, SUITE102  
City-St-Zip: LAKEWOOD RANCH, FL 34202 US

Title: DS  
Name: ALVAREZ, MIGUEL MD  
Address: 8936 77TH TERRACE EAST, SUITE 101  
City-St-Zip: LAKEWOOD RANCH, FL 34202 US

Title: DT  
Name: SEVILLA, XAVIER MD  
Address: 8936 77TH TERRACE EAST, SUITE 103  
City-St-Zip: LAKEWOOD RANCH, FL 34202 US

Title: D  
Name: JACKSON, WILLIAM  
Address: 8946 77TH TERRACE EAST, SUITE 101  
City-St-Zip: LAKEWOOD RANCH, FL 34202 US

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: MICHAEL A. ARSENAULT, MD

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04/15/2010

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

\_\_\_\_\_  
Date