

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07070

FILED  
Jul 15, 2005  
Secretary of State

**Entity Name:** LAKELAND HILLS MEDICAL ARTS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1305 LAKELAND HILLS BLVD.  
LAKELAND, FL 338054544

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 90609  
LAKELAND, FL 338040609 US

**New Mailing Address:**

**FEI Number:** 59-2499061      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

R. ROGER HAMAGE  
1305 LAKELAND HILLS BLVD.  
LAKELAND, FL 33805 US

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

HARRIAGE, R. ROGER D  
1305 LAKELAND HILLS BLVD.  
LAKELAND, FL 33805 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: R. ROGER HARRIAGE

07/15/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FARGHER, JOHN T MD  
Address: 1305 LAKELAND HILLS BLVD., STE. 104  
City-St-Zip: LAKELAND, FL 33805

Title: STD ( ) Delete  
Name: PETRUSCHAK JR., MICH, AEL  
Address: 1305 LAKELAND HILLS BLVD., STE 104  
City-St-Zip: LAKELAND, FL 33805

Title: D ( ) Delete  
Name: GOODNIGHT, TOM M  
Address: 1305 LAKELAND HILLS BLVD STE 104  
City-St-Zip: LAKELAND, FL

Title: PD ( ) Delete  
Name: HARRIAGE, ROGER R  
Address: 1305 LAKELAND HILLS BLVD. STE 104  
City-St-Zip: LAKELAND, FL 33305

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: DIETRICH, LARRY M D  
Address: 1305 LAKELAND HILLS BLVD STE 104  
City-St-Zip: LAKELAND, FL 33805

Title: AVPD (X) Change ( ) Addition  
Name: GOODNIGHT, TOM M  
Address: 1305 LAKELAND HILLS BLVD STE 104  
City-St-Zip: LAKELAND, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: R. ROGER HARRIAGE

D

07/15/2005

Electronic Signature of Signing Officer or Director

Date