


FILE NOW: FILING FEE IS \$61.25

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Apr 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27626** (3)  
1. Corporation Name  
**LRMC MEDICAL PLAZA OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>600 E DIXIE AVE LEESBURG FL 34748</b>	Mailing Address <b>600 E. DIXIE AVE LEESBURG FL 34748-5825 US</b>
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3. Date Incorporated or Qualified <b>07/27/1988</b>	3a. Date of Last Report <b>04/10/1996</b>
4. FEI Number <b>59-2976509</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**H. D. ROBUCK, JR., ESQUIRE  
610 EAST MAIN STREET  
LEESBURG FL 34748**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
<b>FL</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOWERSOX, WILLIAM P.</b>	
STREET ADDRESS	<b>505 GIBSON STREET</b>	
CITY - ST - ZIP	<b>LEESBURG FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, G. MARK</b>	
STREET ADDRESS	<b>601 E. DIXIE AVE., PLAZA 1001</b>	
CITY - ST - ZIP	<b>LEESBURG FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRIDGES, CLIFTON L. M</b>	
STREET ADDRESS	<b>601 E. DIXIE AVE., PLAZA 601</b>	
CITY - ST - ZIP	<b>LEESBURG FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MOFFETT, ALFRED H., JR.</b>	
STREET ADDRESS	<b>601 E DIXIE AVE PLZ 401</b>	
CITY - ST - ZIP	<b>LEESBURG FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOLIEK, R R</b>	
STREET ADDRESS	<b>01403 SPRING LAKE RD</b>	
CITY - ST - ZIP	<b>FRUITLAND PARK FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OSTRANDER, TED R JR</b>	
STREET ADDRESS	<b>1317 W CITIZENS BLVD</b>	
CITY - ST - ZIP	<b>LEESBURG FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>O'Kelley, M. Benson, Jr.</b>	
1.3 STREET ADDRESS	<b>33749 Overton Drive</b>	
1.4 CITY - ST - ZIP	<b>Leesburg, FL 34788</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Alfred H. Moffett, Jr., M.D.** 4/1/97 (352) 787-1535  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070150

CR2E037 (9/96)