

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90006 015 ****70.00

DOCUMENT # N27626

1. Corporation Name

LRMC MEDICAL PLAZA OWNERS ASSOCIATION, INC.

Principal Place of Business

600 E DIXIE AVE
LEESBURG FL 34748

Mailing Address

600 E. DIXIE AVE
LEESBURG FL 34748
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/27/1988

4. FEI Number

59-2976509

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rath, Roger, M. D.	
1.3 STREET ADDRESS	601 E. Dixie Avenue, Plaza 201	
1.4 CITY-ST-ZIP	Leesburg, FL 34748	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Delgado, Humberto, M. D.	
2.3 STREET ADDRESS	601 E. Dixie Avenue, Plaza 301	
2.4 CITY-ST-ZIP	Leesburg, FL 34748	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Wooten, Richard L.	
3.3 STREET ADDRESS	600 E. Dixie Avenue	
3.4 CITY-ST-ZIP	Leesburg, FL 34748	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	McConnell, R. Patton	
4.3 STREET ADDRESS	600 E. Dixie Avenue	
4.4 CITY-ST-ZIP	Leesburg, FL 34748	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Stover-Jones, Patricia	
5.3 STREET ADDRESS	600 E. Dixie Avenue	
5.4 CITY-ST-ZIP	Leesburg, FL 34748	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Klein, David	
6.3 STREET ADDRESS	600 E. Dixie Avenue	
6.4 CITY-ST-ZIP	Leesburg, FL 34748	

14. 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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-29-99 352-323-5002

CR2E037 (11/98)

LRMC MEDICAL PLAZA OWNERS ASSOCIATION INC.

500-N27626
310371-9000-15

1999 BOARD OF DIRECTORS:

- D RICHARD L. WOOTEN
600 EAST DIXIE AVENUE
LEESBURG, FLORIDA 34748
- D ROGER RATH, M.D.
601 EAST DIXIE AVE., PLAZA 201
LEESBURG, FLORIDA 34748
- D R. PATTON MCCONNELL
600 EAST DIXIE AVENUE
LEESBURG, FLORIDA 34748
- D CLIFTON L. BRIDGES, M.D.
601 EAST DIXIE AVE., PLAZA 1001
LEESBURG, FLORIDA 34748
- D HUMBERTO DELGADO, M.D.
601 EAST DIXIE AVE., PLAZA 301
LEESBURG, FLORIDA 34748
- D PATRICIA STOVER-JONES
600 EAST DIXIE AVENUE
LEESBURG, FLORIDA 34748
- D DAVID KLEIN
600 EAST DIXIE AVENUE
LEESBURG, FLORIDA 34748