

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27626

1. Entity Name

LPMC MEDICAL PLAZA OWNERS ASSOCIATION, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90132 032 ****70.00

Principal Place of Business

600 E DIXIE AVE
LEESBURG FL 34748

Mailing Address

600 E. DIXIE AVE
LEESBURG FL 34748
US

00014010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2976509

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

H. D. ROBUCK, JR., ESQUIRE
610 EAST MAIN STREET
LEESBURG FL 34748

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RATH, ROGER MD 601 E. DIXIE AVE. PLAZA 201 LEESBURG FL 34748	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGADO, HUMBERTO MD 601 E. DIXIE AVE. PLAZA 301 LEESBURG FL 34748	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIDGES, CLIFTON L. M 601 E. DIXIE AVE., PLAZA 601 LEESBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCONNELL, R P 600 E. DIXIE AVE. LEESBURG FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOVER-JONES, PATRICIA 600 E. DIXIE AVE. LEESBURG FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, DAVID 600 E. DIXIE AVE. LEESBURG FL 34748	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Clifton L. Bridges MD 601 E DIXIE AVE, Plaza 601 Leesburg FL 34748 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Treasurer R. Patton McConnell 600 E. DIXIE AVE Leesburg FL 34748 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Please see the attached list of all additional officers. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 trustee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachment
DHU 27626
COO14919

LRMC MEDICAL PLAZA OWNERS' ASSOCIATION, INC.

ADDITIONAL

BOARD OF DIRECTORS

NAME
Vice President Alfred H. Moffett , Jr., M.D. Medical Plaza 401 601 East Dixie Avenue Leesburg, Florida 34748
Richard L. Wooten 600 East Dixie Avenue Leesburg, Florida 34748
Doug Rahn 600 East Dixie Avenue Leesburg, Florida 34748
Mark G. Smith , M.D. Medical Plaza 1001 601 East Dixie Avenue Leesburg, Florida 34748