

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90072 046 ****61.25

DOCUMENT # N27626

1. Entity Name

LRMC MEDICAL PLAZA OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**600 E DIXIE AVE
 LEESBURG FL 34748**

**600 E. DIXIE AVE
 LEESBURG FL 34748
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2976509

Applied For

Not Applicable

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 **D MOFFETT, ALFRED H MD** ☐ Delete
 STREET ADDRESS **601 E DIXIE AVE; MEDICAL PLAZA 401**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE
 NAME **mark A. Smith M.D.** ☐ Change ☒ Addition
 STREET ADDRESS **Medical Plaza 1001**
 CITY-ST-ZIP **601 E. DIXIE AVE
 LEESBURG, FL 34748**

TITLE
 NAME **D WOOTEN, RICHARD L** ☐ Delete
 STREET ADDRESS **601 E. DIXIE AVE. PLAZA 301**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME **P BRIDGES, CLIFTON MD** ☐ Delete
 STREET ADDRESS **601 E. DIXIE AVE., PLAZA 601**
 CITY-ST-ZIP **LEESBURG FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME **ST MCCONNELL, R P** ☐ Delete
 STREET ADDRESS **600 E. DIXIE AVE.**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME **D STOVER-JONES, PATRICIA** ☐ Delete
 STREET ADDRESS **600 E. DIXIE AVE.**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME **D RAHN, DOUG** ☐ Delete
 STREET ADDRESS **600 E. DIXIE AVE.**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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 information.

SIGNATURE: [Signature] PATTON MCCONNELL
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/02

**352-343
 5002**

Date

Daytime Phone #

CR2E037 (9/01)