
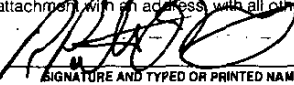


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90016 021 \*\*\*\*70.00

<b>DOCUMENT # N27626</b> 1. Entity Name <b>LRMC MEDICAL PLAZA OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>600 E DIXIE AVE LEESBURG, FL 34748</b>			Mailing Address <b>600 E. DIXIE AVE LEESBURG, FL 34748 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		01062004 Chg-NP CR2E037 (10/03)	
City & State  Zip		City & State  Zip		4. FEI Number <b>59-2976509</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>H. D. ROBUCK, JR., ESQUIRE 610 EAST MAIN STREET LEESBURG, FL 34748</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D MOFFETT, ALFRED H MD 601 E DIXIE AVE; MEDICAL PLAZA 401 LEESBURG, FL 34748</b>	<input 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 <b>D WOOTEN, RICHARD L 601 E. DIXIE AVE. PLAZA 301 LEESBURG, FL 34748</b>	<input 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 <b>P BRIDGES, CLIFTON MD 601 E. DIXIE AVE., PLAZA 601 LEESBURG, FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>See attached List</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>ST MCCONNELL, R P 600 E. DIXIE AVE. LEESBURG, FL 34748</b>	<input 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 <b>D STOVER-JONES, PATRICIA 600 E. DIXIE AVE. LEESBURG, FL 34748</b>	<input 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 <b>D RAHN, DOUG 600 E. DIXIE AVE. LEESBURG, FL 34748</b>	<input type="checkbox"/> Delete		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: 			Date: <b>2/29/04</b> Daytime Phone #: <b>352-323-5002</b>		

~~Attachment~~

N27626

LRMC MEDICAL PLAZA OWNERS' ASSOCIATION

2004 BOARD OF DIRECTORS

**G. Mark Smith, M.D.**

6106 Spinnaker Loop  
Lady Lake, Florida 32159

**James Hardy, M.D.**

Medical Plaza 901  
~~601-East-Dixie-Avenue~~  
Leesburg, Florida 34748

**David Sustarsic, M.D.**

Medical Plaza 805  
601 East Dixie Avenue  
Leesburg, Florida 34748

**Richard L. Wooten**

600 East Dixie Avenue  
Leesburg, Florida 34748

**Douglas L. Rahn**

600 East Dixie Avenue  
Leesburg, Florida 34748

**R. Patton McConnell**

600 East Dixie Avenue  
~~Leesburg, Florida 34748~~

**Dale E. Hocking**

600 East Dixie Avenue  
Leesburg, Florida 34748

LRMC MEDICAL PLAZA OWNERS' ASSOCIATION

2004 OFFICERS OF THE BOARD OF DIRECTORS

President – Richard L. Wooten

Vice President – G. Mark Smith, M.D.

Secretary / Treasurer – R. Patton McConnell