

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90093 022 \*\*\*\*70.00

**DOCUMENT # N27626**

1. Entity 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

**50022529**



02082005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2976509		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent H. D. ROBUCK, JR., ESQUIRE 610 EAST MAIN STREET LEESBURG, FL 34748				7. Name and Address of New Registered Agent Name <u>WILLIAM H. CAVITTEN, ESQ</u> Street Address (P.O. Box Number is Not Acceptable) <u>215 NORTH JOANNA AVE</u> City <u>LEESBURG</u> FL Zip Code <u>34748-3400</u>			
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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 WILLIAM H. CAVITTEN DATE 2/15/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2005</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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOTEN, RICHARD L 600 EAST DIXIE AVE LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUSTING DALL 600 E DIXIE AVE LEESBURG, FL 34748 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, JAMES MD 601 EAST DIXIE AVENUE LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, G MARK MD 6106 SPINMAKER LOOP LADY LAKE, FL 32159 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCCONNELL, R PATTON 600 EAST DIXIE AVENUE LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSTARSIC, DAVID MD 601 EAST DIXIE AVENUE LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAHN, DOUG 600 EAST DIXIE AVENUE LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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] **PRESIDENT** DATE 2/15/05 Daytime Phone # 352-323-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR