

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90164 001 ***122.50

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

66010094



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282006 Chg-NP CR2E037 (11/05)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME WOOTEN, RICHARD L
STREET ADDRESS 600 EAST DIXIE AVE
CITY-ST-ZIP LEESBURG, FL 34748

TITLE PD ☐ Change ☒ Addition
NAME Alfred H. Moffett, Jr.
STREET ADDRESS 601 East Dixie Ave., Suite 401
CITY-ST-ZIP Leesburg, FL 34748

TITLE D ☐ Delete
NAME HARDY, JAMES MD
STREET ADDRESS 601 EAST DIXIE AVENUE
CITY-ST-ZIP LEESBURG, FL 34748

TITLE VPP ☐ Change ☒ Addition
NAME Louis H. Bremer, Jr.
STREET ADDRESS 600 East Dixie Ave.
CITY-ST-ZIP Leesburg, FL 34748

TITLE D ☐ Delete
NAME HOCKING, DALE
STREET ADDRESS 600 E DIRIE AVE
CITY-ST-ZIP LEESBURG, FL 34748

TITLE SITD ☒ Change ☐ Addition
NAME Dale E. Hocking, CPA
STREET ADDRESS 600 East Dixie Ave.
CITY-ST-ZIP Leesburg, FL 34748

TITLE ST ☒ Delete
NAME MCCONNELL, R PATTON
STREET ADDRESS 600 EAST DIXIE AVENUE
CITY-ST-ZIP LEESBURG, FL 34748

TITLE D ☐ Change ☒ Addition
NAME Nancy Vester
STREET ADDRESS 600 East Dixie Ave.
CITY-ST-ZIP Leesburg, FL 34748

TITLE D ☒ Delete
NAME SUSTARSIC, DAVID MD
STREET ADDRESS 601 EAST DIXIE AVENUE
CITY-ST-ZIP LEESBURG, FL 34748

TITLE D ☐ Change ☒ Addition
NAME Joni Smith
STREET ADDRESS 600 East Dixie Ave.
CITY-ST-ZIP Leesburg, FL 34748

TITLE D ☒ Delete
NAME RAHN, DOUG
STREET ADDRESS 600 EAST DIXIE AVENUE
CITY-ST-ZIP LEESBURG, FL 34748

TITLE D ☐ Change ☒ Addition
NAME muni V. Padman
STREET ADDRESS 601 East Dixie Ave., Suite 101
CITY-ST-ZIP Leesburg, FL 34748

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

4/7/06 352-323-5006