

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27626

FILED
Mar 25, 2008
Secretary of State

Entity Name: LRMC MEDICAL PLAZA OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

600 E DIXIE AVE
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

600 E. DIXIE AVE
LEESBURG, FL 34748 US

New Mailing Address:

FEI Number: 59-2976509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAUN, PHILLIP ESQ
600 EAST DIXIE AVENUE
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOFFETT, JR, ALFRED N
Address: 601 E DIXIE AVE., STE 401
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: HARDY, JAMES MD
Address: 601 EAST DIXIE AVENUE
City-St-Zip: LEESBURG, FL 34748

Title: STD () Delete
Name: HOCKING, CPA, DALE E
Address: 600 E DIXIE AVE
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: VESTER, NANCY
Address: 600 EAST DIXIE AVENUE
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: SMITH, JONI
Address: 601 EAST DIXIE AVENUE
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: PADMAN, MUNI V
Address: 601 E DIXIE AVE., STE 101
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE E. HOCKING, CPA

STD

03/25/2008

Electronic Signature of Signing Officer or Director

Date