

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N27626

**FILED**  
**Mar 08, 2012**  
**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

**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, PHILIP J  
301 WEST OAK TERRACE DR  
LEESBURG, FL 34748 US

**Name and Address of New Registered Agent:**

BRAUN, PHILIP J  
600 E DIXIE AVE  
LEESBURG, FL 34748 US

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: PHILIP J. BRAUN

03/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: STD  
Name: HAWKINS, TIMOTHY F  
Address: 600 E DIXIE AVE  
City-St-Zip: LEESBURG, FL 34748

I hereby 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 all other like empowered.

SIGNATURE: PHILIP J. BRAUN

RA

03/08/2012

Electronic Signature of Signing Officer or Director

Date