

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90044 005 \*\*\*\*61.25

**50032348**



<b>DOCUMENT # N34744</b> 1. Entity Name <b>LAKE MARY MEDICAL COMPLEX CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4106 W LAKE MARY BLVD LAKE MARY, FL 32746 US</b>			Mailing Address <b>1632 N CR 427 LONGWOOD, FL 32750 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1632 N Ronald Reagan Blvd</b> Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2997062</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PARK AVENUE LEASING &amp; MANAGEMENT, INC. 1632 N COUNTY RD 427 LONGWOOD, FL 32750</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1632 N Ronald Reagan Blvd</b> 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, 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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, JESSE MD 4106 W LAKE MARY BLVD, #100 LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ABRAHAM, DENNIS MD 4106 W LAKE MARY BLVD, #100 LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RYAN, JOHN F MD 4106 W LAKE MARY BLVD, #301 LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DAVIS, GLEN, DR.</b> <b>4106 W. LAKE MARY BLVD. # 301</b> <b>LAKE MARY, FL 32746</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANSARA, MAHA MD 4106 W. LAKE MARY BLVD., #325 LAKE MARY, FL 32746	<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	DS SWEET, JON MD 4106 W. LAKE MARY BLVD., #205 LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Nichols, Sharow DR.</b> <b>4106 W. LAKE MARY BLVD. # 312</b> <b>LAKE MARY, FL 32746</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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, and all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Dennis Abraham</b> <b>3/22/05</b> <b>407-333-2273</b> <small>Date Daytime Phone #</small>		