

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90177 014 ****61.25

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DOCUMENT # N34744 ✓					
1. Entity Name LAKE MARY MEDICAL COMPLEX CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4106 W LAKE MARY BLVD LAKE MARY, FL 32746 US			Mailing Address 1632 N RONALD REAGAN BLVD LONGWOOD, FL 32750 US		
2. Principal Place of Business		3. Mailing Address		04102006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2997062 ✓	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PARK AVENUE LEASING & MANAGEMENT, INC. 1632 N RONALD REAGAN BLVD LONGWOOD, FL 32750			7. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, JESSE MD <input type="checkbox"/> Delete 4106 W LAKE MARY BLVD, #100 LAKE MARY, FL 32746				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABRAHAM, DENNIS MD <input type="checkbox"/> Delete 4106 W LAKE MARY BLVD, #100 LAKE MARY, FL 32746				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, GLEN DR <input type="checkbox"/> Delete 4106 W LAKE MARY BLVD, #301 LAKE MARY, FL 32746				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANSARA, MAHA MD <input checked="" type="checkbox"/> Delete 4106 W. LAKE MARY BLVD., #325 LAKE MARY, FL 32746				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NICHOLS, SHAROW DR <input type="checkbox"/> Delete 4106 W LAKE MARY BLVD #312 LAKE MARY, FL 32746				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
D MEHTA, VIKRAM DR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4106 W. LAKE MARY Blvd. #224 LAKE MARY, FL 32746					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NICHOLS, SHARON DR					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 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: _____ <i>[Signature]</i> 4/11/07 (407) 834-4000					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					