

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2007 8:00 am**  
**Secretary of State**

09-06-2007 90009 046 \*\*\*\*61.25

<b>DOCUMENT # N34744</b> 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 - No P.O. Box #		3. Mailing Address 1516 E. Hillcrest St.			
Suite, Apt. #, etc.		Suite Apt # etc. Suite 210			
City & State		City & State Orlando FL			
Zip	Country	Zip	Country	4. FEI Number 59-2997062	
32803	US	32803	US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 Charles J. Mitchell Jr. First Capital Property Group 1516 E. Hillcrest St. Ste. 210 City Orlando FL Zip Code 32803		
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				DATE 9-23-07	
Filing Fee is \$61.25 Due by September 14, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JOHNSON, JESSE MD 4106 W LAKE MARY BLVD, #100 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	P ABRAHAM, DENNIS MD 4106 W LAKE MARY BLVD, #100 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	TD DAVIS, GLEN DR 4106 W LAKE MARY BLVD, #301 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	D VIKRAM, MEHTA DR 4106 WEST LAKE MARY BLVD #224 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 NICHOLS, SHARON DR 4106 W LAKE MARY BLVD #312 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	   	<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 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:			Date 8/24/07 Daytime Phone # 407-333-2273		