

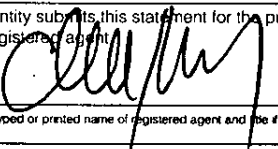



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90248 038 ****61.25

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 1516 E. HULCREST ST SUITE 210 ORLANDO, FL 32803 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1516 E. Hillcrest St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste. 210			
City & State Orlando FL		City & State Orlando FL			
Zip 32803	Country	Zip 32803	Country		
4. FEI Number 59-2997062				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL, CHARLES J JR 1516 E. HULCREST ST SUITE 210 ORLANDO, FL 32803			7. Name and Address of New Registered Agent Mitchell, Charles J, JR. 1516 E. Hillcrest St. Ste. 210 Orlando FL FL 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  (NOTE: Registered Agent signature required when reinstating) DATE April 28, 2008					
Filing Fee is \$61.25 Due by May 1, 2008		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	P ABRAHAM, DENNIS MD 4106 W LAKE MARY BLVD, #100 LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete			
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	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	DS NICHOLS, SHARON DR 4106 W LAKE MARY BLVD #312 LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALAN Salerno 4106 W Lake Mary Blvd, # 213 LAKE MARY, FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John Ryan MD 4106 W. Lake Mary Blvd. # 301 Lake Mary, FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS John Ryan MD 4106 W. Lake Mary Blvd. # 301 Lake Mary, FL 32746	<input type="checkbox"/> Change <input checked="" 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 of the corporation; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an					
SIGNATURE:  Vikram Mehta 4/28/08 407-872-0209					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					