

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34744

FILED
Jan 07, 2009
Secretary of State

Entity Name: LAKE MARY MEDICAL COMPLEX CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4106 W LAKE MARY BLVD
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

1516 E HILLCREST ST
SUITE 210
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-2997062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, CHARLES J JR
1516 E HILLCREST ST
SUITE 210
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: JOHNSON, JESSE MD
Address: 4106 W LAKE MARY BLVD, #100
City-St-Zip: LAKE MARY, FL 32746

Title: TD () Delete
Name: DAVIS, GLEN DR
Address: 4106 W LAKE MARY BLVD, #301
City-St-Zip: LAKE MARY, FL 32746

Title: P () Delete
Name: VIKRAM, MEHTA DR
Address: 4106 WEST LAKE MARY BLVD #224
City-St-Zip: LAKE MARY, FL 32746

Title: DS () Delete
Name: SALERNO, ALAN
Address: 4106 W LAKE MARY BLVD #213
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: RYAN, JOHN MD
Address: 4106 W LAKE MARY BLVD, #301
City-St-Zip: LAKE MARY, FL 32746

Title: P (X) Change () Addition
Name: DAVIS, GLEN DR
Address: 4106 W LAKE MARY BLVD, #301
City-St-Zip: LAKE MARY, FL 32746

Title: TD (X) Change () Addition
Name: VIKRAM, MEHTA DR
Address: 4106 WEST LAKE MARY BLVD #224
City-St-Zip: LAKE MARY, FL 32746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GLEN DAVIS

P

01/07/2009

Electronic Signature of Signing Officer or Director

Date