

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34744

**FILED**  
**Mar 03, 2010**  
**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  
Name: RYAN, JOHN MD  
Address: 4106 W LAKE MARY BLVD, #301  
City-St-Zip: LAKE MARY, FL 32746

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GLEN DAVIS, DR

P

03/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date