2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2012
Secretary of State

DOCUMENT# N34744

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

Title: D
Name: YAO, EFFIE
Address: 4106 W LAKE MARY BLVD #230
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: JOHN RYAN VP 04/02/2012

Electronic Signature of Signing Officer or Director Date