2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2016
Secretary of State
CC1003030069

DOCUMENT# N27626

Entity Name: LRMC MEDICAL PLAZA OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

600 E DIXIE AVE
LEESBURG, FL 34748

Current Mailing Address:

940 LAKESHORE DRIVE SUITE 200
THE VILLAGES, FL 32162 US

FEI Number: 59-2976509

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIVERSIFIED COMMERCIAL PROPERTY SERVICES
940 LAKESHORE DRIVE SUITE 200
THE VILLAGES, FL 32162 US

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: CHRISTINA ROBBINS 03/15/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD	Title	DIRECTOR
Name	MOFFETT, JR, ALFRED N	Name	BRAUN, PHILIP J
Address	601 E DIXIE AVE., STE 401	Address	600 E DIXIE AVE
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	LEESBURG FL 34748

Title	DIRECTOR
Name	MAZE, JOHN
Address	600 E DIXIE AVE
City-State-Zip:	LEESBURG FL 34748

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: ALFRED N MOFFETT, JR PRESIDENT 03/15/2016

Electronic Signature of Signing Officer/Director Detail — Date