

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

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:**

600 E DIXIE AVE  
LEESBURG, FL 34748

**FEI Number:** 59-2976509

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRAUN, PHILIP J  
600 E DIXIE AVE  
LEESBURG, FL 34748 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title DIRECTOR  
Name BRAUN, PHILIP J  
Address 600 E DIXIE AVE  
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:** PHILIP J. BRAUN

**DIRECTOR**

**03/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date