-2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 10, 2005 08:00 AM DOCUMENT # P00000095365 **Secretary of State** SUN N LAKE MEDICAL GROUP, P.A. Principal Place of Business Mailing Address 4958 SUN N LAKE BOULEVARD 4958 SUN N LAKE BOULEVARD SEBRING, FL 33872 SEBRING, FL 33872 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1053879 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BELTRE, MIGUEL DO NOT WRITE 4958 SUN N LAKE BOULEVARD SEBRING, FL 33872 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agont signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS D TITLE NAME BELTRE, MIGUEL STREET ADDRESS 4958 SUN N LAKE BOULEVARD U00000174950 CITY-ST-ZIP SEBRING, FL 33872 01/10/05-80032-010 150.00 D TITLE CAMILLO, RAISA NAME 4958 SUN NEAKE BOULEVARD STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33872 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ______ STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 trustde empowered the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all offer like empowered

Date

Daytime Phone #

E OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

SIGNATURE AND TYPED O