


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P0000095365 1. Entity Name SUN N LAKE MEDICAL GROUP, P.A.	
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Principal Place of Business 4958 SUN N LAKE BOULEVARD SEBRING, FL 33872	Mailing Address 4958 SUN N LAKE BOULEVARD SEBRING, FL 33872
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04162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1053879	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

BELTRE, MIGUEL  
 4958 SUN N LAKE BOULEVARD  
 SEBRING, FL 33872

**DO NOT WRITE 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 Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

DATE  
 05/08/08-80026-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELTRE, MIGUEL 4958 SUN N LAKE BOULEVARD SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMILLO, RAISA 4958 SUN N LAKE BOULEVARD SEBRING, FL 33872
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trustee empowered to 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 other like empowered.

SIGNATURE:  Miguel F. Beltre, M.D. 4/16/08 (863) 3952659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #