

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000095365

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: SUN N LAKE MEDICAL GROUP, P.A.

**Current Principal Place of Business:**

4958 SUN N LAKE BOULEVARD  
SEBRING, FL 33872

**New Principal Place of Business:**

**Current Mailing Address:**

4958 SUN N LAKE BOULEVARD  
SEBRING, FL 33872

**New Mailing Address:**

FEI Number: 65-1053879      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:            D            ( ) Delete  
Name:            BELTRE, MIGUEL  
Address:        4958 SUN N LAKE BOULEVARD  
City-St-Zip:    SEBRING, FL 33872

Title:            D            ( ) Delete  
Name:            CAMILLO, RAISA  
Address:        4958 SUN N LAKE BOULEVARD  
City-St-Zip:    SEBRING, FL 33872

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            DR            (X) Change ( ) Addition  
Name:            BELTRE, MIGUEL  
Address:        4958 SUN N LAKE BOULEVARD  
City-St-Zip:    SEBRING, FL 33872

Title:            DR            (X) Change ( ) Addition  
Name:            CAMILLO, RAISA  
Address:        4958 SUN N LAKE BOULEVARD  
City-St-Zip:    SEBRING, FL 33872

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL F. BELTRE

DR

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date