

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000095365

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

**Current Principal Place of Business:**

4958 SUN N LAKE BOULEVARD  
SEBRING, FL 33872

**Current Mailing Address:**

4958 SUN N LAKE BOULEVARD  
SEBRING, FL 33872

**FEI Number:** 65-1053879

**Certificate of Status Desired:** No

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

BELTRE, MIGUEL  
4958 SUN N LAKE BOULEVARD  
SEBRING, FL 33872 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 DR  
Name BELTRE, MIGUEL  
Address 4958 SUN N LAKE BOULEVARD  
City-State-Zip: SEBRING FL 33872

Title DR  
Name CAMILLO, RAISA  
Address 4958 SUN N LAKE BOULEVARD  
City-State-Zip: SEBRING FL 33872

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DR BELTRE, MIGUEL

**PRESIDENT**

**02/12/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date