

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G74254

FILED
Jan 15, 2009
Secretary of State

Entity Name: SOUTH DOCTORS LAKE CORP.

Current Principal Place of Business:

2575 COUNTY ROAD 220 STE 107
MIDDLEBERG, FL 32068

New Principal Place of Business:

3767 WATERSIDE DRIVE
ORANGE PARK, FL 32065

Current Mailing Address:

2575 COUNTY ROAD 220 STE 107
MIDDLEBERG, FL 32068

New Mailing Address:

3767 WATERSIDE DRIVE
ORANGE PARK, FL 32065

FEI Number: 59-2373066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CMI OF CLAY COUNTY INC
2575 CR 220 SUITE 107
MIDDLEBERG, FL 32068 US

Name and Address of New Registered Agent:

CMI OF CLAY COUNTY INC
3767 WATERSIDE DRIVE
ORANGE PARK, FL 32065 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: JAMES R. MENARD

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MENARD, JAMES R.,
Address: 2575 CR 220, SUITE 107
City-St-Zip: DOCTORS INLET, FL

Title: VD () Delete
Name: COLLEDGE, SHEPHERD E.,
Address: 2575 CR 220, SUITE 107
City-St-Zip: DOCTORS INLET, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MENARD, JAMES R.,
Address: 3767 WATERSIDE DR.
City-St-Zip: ORANGE PARK, FL 32065

Title: VD (X) Change () Addition
Name: COLLEDGE, SHEPHERD E.,
Address: 3767 WATERSIDE DR.
City-St-Zip: ORANGE PARK, FL 32065

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: JAMES R. MENARD

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date