

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J65376

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: SAND LAKE MEDICAL ASSOCIATES, P.A.

Current Principal Place of Business:

7575 DR. PHILLIPS BLVD., SUITE 10
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7575 DR. PHILLIPS BLVD., SUITE 10
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-2805125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHIPPS, LINDA K.
5100 HOWELL BRANCH ROAD
WINTER PARK, FL 32792 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARDING, VICTOR H.,
Address: 5100 HOWELL BRANCH RD.
City-St-Zip: WINTER PARK, FL

Title: D () Delete
Name: HARDING, DEBORAH,
Address: 5100 HOWELL BRANCH RD.
City-St-Zip: WINTER PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HARDING, VICTOR H.,
Address: 7575 DR. PHILLIPS BLVD #10
City-St-Zip: ORLANDO, FL 32819

Title: D (X) Change () Addition
Name: HARDING, DEBORAH,
Address: 7575 DR. PHILLIPS BLVD #10
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VICTOR HARDING, M.D.

M.D.

04/30/2002

_____ Electronic Signature of Signing Officer or Director

_____ Date