


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90045 034 ***150.00

DOCUMENT # J65376
 1. Entity Name
 SAND LAKE MEDICAL ASSOCIATES, P.A.



Principal Place of Business
 7575 DR. PHILLIPS BLVD., SUITE 10.
 ORLANDO, FL 32819

Mailing Address
 200 S. ORANGE AVE.
 SUITE 2300
 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

4010513-



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-2805125 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 A.G.C. CO.
 200 SOUTH ORANGE AVE.
 SUNTRUST CTR. #2300
 ORLANDO, FL 32802

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDING, VICTOR H. 7575 DR. PHILLIPS BLVD #10 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDING, DEBORAH 7575 DR. PHILLIPS BLVD #10 ORLANDO, FL 32819
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ **4-30-07** **407-345-1551**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #