

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006290

FILED  
Apr 13, 2011  
Secretary of State

**Entity Name:** SAND LAKE MEDICAL PARK, INC.

**Current Principal Place of Business:**

7200-7376 STONE ROCK CIRCLE  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

1180 SPRING CENTRE SOUTH BLVD  
SUITE 102  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 02-0723405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACLARTY, SUE W  
1180 SPRING CENTRE SOUTH BLVD  
SUITE #102  
ALTAMONTE SPRINGS, FL 32714 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALARAKIA, NOSIR  
Address: 7328 STONEROCK CIRCLE  
City-St-Zip: ORLANDO, FL 32819

Title: VD  
Name: JONES, MAREQUE  
Address: 7200 STONEROCK CIRCLE  
City-St-Zip: ORLANDO, FL 32819

Title: TD  
Name: GOWANI, SHERALI  
Address: 9224 STONEROCK CIRCLE  
City-St-Zip: ORLANDO, FL 32819

Title: SD  
Name: HAOLDIX, TONY  
Address: 7236 STONEROCK CIRCLE  
City-St-Zip: ORLANDO, FL 32819

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

SIGNATURE: NOSIR ALARAKIA

PD

04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date