2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

DOCUMENT# N03000006290

Entity Name: SAND LAKE MEDICAL PARK, INC.

Current Principal Place of Business:

7200-7376 STONE ROCK CICLE
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: ALARAKHIA, NASIR
Address: 7328 STONEROCK CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: VD
Name: JONES, MARNIQUE
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: HADDIX, 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: NASIR ALARAKHIA PD 04/24/2012

Electronic Signature of Signing Officer or Director — Date