2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N07000004626

Entity Name: SOUTH LAKE MEDICAL ARTS CENTER ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, STE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, STE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-4559123 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAKOWITZ, ALAN
1111 KANE CONCOURSE, SUITE 401F
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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 W HART JR 03/31/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHMID, JOHN
Address: 1230 OAKLEY SEAVER DRIVE, SUITE 200
City-St-Zip: CLERMONT, FL 34711

Title: VPD ( ) Delete
Name: SAKOWITZ, ALAN
Address: 1111 KANE CONCOURSE, SUITE 401F
City-St-Zip: CLERMONT, FL 34711

Title: S ( ) Delete
Name: KING, WAYNE
Address: 1230 OAKLEY SEAVER DRIVE, SUITE 200
City-St-Zip: CLERMONT, FL 34711

Title: TD (X) Delete
Name: EGOZI, MAURICE
Address: 1111 KANE CONCOURSE, SUITE 401F
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TSD (X) Change ( ) Addition
Name: SCHMID, JOHN
Address: 1655 E HWY 50 STE 300
City-St-Zip: CLERMONT, FL 34711

Title: VPD (X) Change ( ) Addition
Name: SAKOWITZ, ALAN
Address: 1111 KANE CONCOURSE SUITE 401 F
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: PD (X) Change ( ) Addition
Name: MEGOZI, MAURICE
Address: 1111 KANE CONCOURSE SUITE 401 F
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: MAURICE MEGOZI PD 03/31/2009
Electronic Signature of Signing Officer or Director Date