
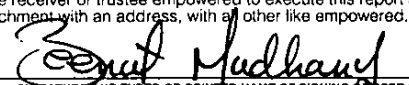


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2006 8:00 am
Secretary of State

05-18-2006 90015 004 ****61.25

DOCUMENT # N12237 1. Entity Name SAND LAKE PHYSICIANS BUILDING, INC.					
Principal Place of Business 9430 TURKEY LAKE ROAD ORLANDO, FL 32819 US				Mailing Address 921 DOUGLAS AVE. SUITE 200 ALTAMONTE SPRINGS, FL 32714 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1180 Spring Centre South Blvd Suite, Apt. #, etc. #102			
City & State		City & State Altamonte Springs, FL		4. FEI Number 59-2617423	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32714		Country US		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MACLARTY, SUE W. QUEST COMPANY PHYSICIANS OFFICE BLDG C/O QUEST COMPANY 921 DOUGLAS AVE STE 200 ALTAMONTE SPRINGS, FL 32714				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1180 Spring Centre South Blvd #102 City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MADHANY, ZEENAT 9430 TURKEY LAKE RD, #102 ORLANDO, FL 32819	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOWANI, SHERALI 9430 TURKEY LAKE RD, #208 ORLANDO, FL 32819	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARNES, BRENT 1720 S. ORANGE AVE, #501 ORLANDO, FL 32806	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEARD, CHARLES 9430 TURKEY LAKE RD, #116 ORLANDO, FL 32819	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Zaira Herrera 1720 S. ORANGE Av #101 ORLANDO, FL 32806	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sherali Gowani 9430 Turkey Lk. Rd #208 ORLANDO, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Tara Mercado-Davis 1720 S. ORANGE Av #101 ORLANDO, FL 32806	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 617, 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: 		Date: 5/11/06			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					