

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2007 8:00 am
Secretary of State

08-06-2007 90033 035 ****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
**1180 SPRING CENTRE SOUTH BLVD 102
ALTAMONTE SPRINGS, FL 32714 US**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

07022007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2617423

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**MACLARTY, SUE W. QUEST COMPANY
PHYSICIANS OFFICE BLDG C/O QUEST COMPANY
1180 SPRING CENTER SOUTH BLVD 102
ALTAMONTE SPRINGS, FL 32714**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MADHANY, ZEENAT
STREET ADDRESS 9430 TURKEY LAKE RD, #102
CITY-ST-ZIP ORLANDO, FL 32819 ☐ Delete

TITLE VPD
NAME HERREAL, ZAIRA
STREET ADDRESS 1720 S ORANGE AVE 101
CITY-ST-ZIP ORLANDO, FL 32806 ☐ Delete

TITLE SD
NAME GOWANI, SHERALI
STREET ADDRESS 9430 TURKEY RD 208
CITY-ST-ZIP ORLANDO, FL 32819 ☐ Delete

TITLE TD
NAME HEARD, CHARLES
STREET ADDRESS 9430 TURKEY LAKE RD, #116
CITY-ST-ZIP ORLANDO, FL 32819 ☐ Delete

TITLE TS
NAME MERCADO, TARA
STREET ADDRESS 1720 S ORANGE AVE 101
CITY-ST-ZIP ORLANDO, FL 32806 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Dir/Asst Secretary
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVP
NAME Mark Schaefer
STREET ADDRESS 9400 Turkey Lk Rd
CITY-ST-ZIP Orlando, FL 32819 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/08/07