


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90031 038 \*\*\*\*61.25

<b>DOCUMENT # N12237</b> 1. Entity Name <b>SAND LAKE PHYSICIANS BUILDING, INC.</b>					
Principal Place of Business <b>9430 TURKEY LAKE ROAD</b> <b>ORLANDO, FL 32819 US</b>			Mailing Address <b>1180 SPRING CENTRE SOUTH BLVD 102</b> <b>ALTAMONTE SPRINGS, FL 32714 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2617423</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MACLARTY, SUE W. QUEST COMPANY</b> <b>PHYSICIANS OFFICE BLDG C/O QUEST COMPANY</b> <b>1180 SPRING CENTER SOUTH BLVD 102</b> <b>ALTAMONTE SPRINGS, FL 32714</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
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	DAS HERREAL, ZAIRA 1720 S ORANGE AVE 101 ORLANDO, FL 32806	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOWANI, SHERALI 9430 TURKEY RD 208 ORLANDO, FL 32819	<input 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	DVP SCHACTER, MARK 9400 TURKEY LK RD ORLANDO, FL 32819	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u><i>Zeena Madhany</i></u>		3/13/08		321-689-1281	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	