

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12237

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** SAND LAKE PHYSICIANS BUILDING, INC.

**Current Principal Place of Business:**

9430 TURKEY LAKE ROAD  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

1180 SPRING CENTRE SOUTH BLVD 102  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

**FEI Number:** 59-2617423

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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 US

**Name and Address of New Registered Agent:**

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

04/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MADHANY, ZEENAT  
Address: 9430 TURKEY LAKE RD, #102  
City-St-Zip: ORLANDO, FL 32819

Title: DAS ( ) Delete  
Name: HERREAL, ZAIRA  
Address: 1720 S ORANGE AVE 101  
City-St-Zip: ORLANDO, FL 32806

Title: SD ( ) Delete  
Name: GOWANI, SHERALI  
Address: 9430 TURKEY RD 208  
City-St-Zip: ORLANDO, FL 32819

Title: TD ( ) Delete  
Name: HEARD, CHARLES  
Address: 9430 TURKEY LAKE RD, #116  
City-St-Zip: ORLANDO, FL 32819

Title: DVP ( ) Delete  
Name: SCHACTER, MARK  
Address: 9400 TURKEY LK RD  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: ZEENAT MADHANY

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date