

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12237

FILED
Apr 13, 2011
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
C/O QUEST COMPANY
1180 SPRING CENTER SOUTH BLVD 102
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: DVP
Name: SCHAEFER, MARK
Address: 9400 TURKEY LK RD
City-St-Zip: ORLANDO, FL 32819

I hereby 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 all other like empowered.

SIGNATURE: ZEENAT MADHANY

PD

04/13/2011

Electronic Signature of Signing Officer or Director

Date