

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16862 (7)

1. Corporation Name

MEDPLEX A AT SAND LAKE COMMONS, INC.



Principal Place of Business

Mailing Address

600 COURTLAND STR
STE 550
ORLANDO FL 32804
US600 COURTLAND STR
STE 550
ORLANDO FL 32804-1349
US3. Date Incorporated or Qualified
09/18/19863a. Date of Last Report
03/11/1996

2. Principal Place of Business

2a. Mailing Address

21 704 S. HIGHWAY 17-92

26 704 S. HIGHWAY 17-92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2755176

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

City & State

City & State

23 LONGWOOD, FL

28 LONGWOOD, FL

Zip

Country

Zip

Country

24 32750

25 SEMINOLE

29 32750

30 SEMINOLE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACLARTY, W SUE

THE BYWATER COMPANY 704 S. HIGHWAY 17-92
600 COURTLAND STR STE 550 LONGWOOD, FL 32750
ORLANDO FL 32804

81 Name

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

THE QUEST COMPANY

704 S. HIGHWAY 17-92

84 City

LONGWOOD

FL

85 Zip Code

32750

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

W. SUE MACLARTY

W. SUE MACLARTY

2/4/97

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME VERMILYEA, MIKE
STREET ADDRESS 2301 LUCIEN WAY STE 230
CITY - ST - ZIP MAITLAND FLTITLE VD ☐ DELETE
NAME SALM, DAN
STREET ADDRESS 1285 ORANGE AVENUE
CITY - ST - ZIP WINTER PARK FLTITLE SD ☐ DELETE
NAME TORTORELLA, MICHAEL
STREET ADDRESS 7300 SANDLAKE COMMONS BLVD., SUITE 320
CITY - ST - ZIP ORLANDO FLTITLE TD ☐ DELETE
NAME GREENWOOD, RICHARD
STREET ADDRESS 1276 MINNESOTA AVENUE
CITY - ST - ZIP WINTER PARK FLTITLE SD ☐ DELETE
NAME MATAS, JAMES
STREET ADDRESS 7300 SANDLAKE COMMONS BLVD.
CITY - ST - ZIP ORLANDO FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP1.1 TITLE PID ☒ Change ☐ Addition
1.2 NAME SUSAN M. HOFFAR
1.3 STREET ADDRESS 2301 LUCIEN WAY, STE 445
1.4 CITY - ST - ZIP MAITLAND, FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE ASST SEC/D ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97

(407) 875-6622

Date

Daytime Phone # 0016479

CR2E037 (9/96)