SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16862

(7)

FILED
Jul 16 1998 8:00am
Secretary of State

MEDPLEX A AT SAND LAKE COMMONS, INC.				
Principal Place of Business		Malling Address		- 1 YORNYON DOLYONG BUSING HAND REAL BIRDI
704 S. HIGHWAY 17-92 LONGWOOD FL 32750 US		704 S. HIGHWAY 17-92 LONGWOOD FL 32750 US		3. Date Incorporated or Qualified  09/18/1986  4. FEI Number Applied For  59-2755176 Not Applicable
2. Principal P	Place of Business	2a. Malling Address		5. Certificate of Status Desired \$8.75 Additional Fee Regulred
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.	Austri	6. Election Campaign Financing \$5.00 May Be
22 7300 SAND LAKE (10000015 21 City & State		City & State	1102002	Trust Fund Contribution Added to Fees  7. Is this nonprofit corporation a homeowners association?
23 DRL ANDO FL 28		28 ALTAMONTE SI	PRINGS FL	Yes No
Zip 24 328	Country 25 USA	Zip 29 33714 3	Country 00 USA	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
9. Name and Address of Current Registered Agent 10.				10. Name and Address of New Registered Agent
81 Name				
MACLARTY, W SUE THE QUEST COMPANY			B2 Street Addre	ess (P.O. Box Number is Not Acceptable) DOUCLAS AVENUE
704 8: HIGHWAY 17-92			63	JUUGINS AVENUE
	9D <b>ft.</b> 32750		84 City	B5 Zlp Code
	*		ALTAN	MONTE SPRINGS FL   32714
11. Pursuant to the provisions of sections 617.0502 and 617.1508, Fiorida 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 Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familier with and accept the obligations of, section 617.0503, Fiorida Statutes.				
SIGNATURE White STANKAULES 1/8/98				
Signature, typed or printed fisms of registered agent and title depplicable. (NOTE: Registered Agent signature re  12. OFFICERS AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD OFFICERS AND	DELETE	1.1 TITLE	Change Addition
NAME	HOFFAR, SUSAN M.	C DECENE	1.2 NAME	Change Accident
STREET ADDRESS	2301 LUCIEN WAY, SUITE 445		1,3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL		1.4 CITY-ST-ZIP	
TITLE	VD	DELETE	2.1 TITLE	Change Addition
NAME	SALM, DAN		2.2 NAME	
STREET ADDRESS	1285 ORANGE AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	<u> </u>	2.4 CITY-ST-ZIP 3.1 TITLE	
TITLE NAME	ASD TORTORELLA, MICHAEL	DELETE	3.2 NAME	Change Addition
	7300 SANDLAKE COMMONS BLV	D SUITE 320	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	Di, COME CEC	3.4 CITY-ST-ZIP	
TITLE	TD	DELETE	4,1 TITLE	Change Addition
NAME	GREENWOOD, RICHARD		4.2 NAME	
STREET ADDRESS	1276 MINNESOTA AVENUE		4.3 STREET ADDRESS	
CITY-ST-Z#P	WINTER PARK FL		4.4 CITY-ST-ZIP	
TITLE	SD	DELETE	5.1 TITLE	Change Addition
NAME	MATAS, JAMES	m.	5.2 NAME	
STREET ADDRESS	7300 SANDLAKE COMMONS BLV  ORLANDO FL	יטי.	5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	ORDANDO FL		5.4 CITY-ST-ZIP 6.1 TITLE	Па Паше
NAME		DELETE	6.2 NAME	Change Addition
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
14. I 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 cath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR