

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90097 011 ****61.25

DOCUMENT # N16862

1. Corporation Name

MEDPLEX A AT SAND LAKE COMMONS, INC.

Principal Place of Business

7300 SANDLAKE COMMONS BLVD
ORLANDO FL 32819
US

Mailing Address

921 DOUGLAS AVENUE
ALTAMONTE SPRINGS FL 32714
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/18/1986

4. FEI Number

59-2755176

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MACLARTY, W SUE
THE QUEST COMPANY
921 DOUGLAS AVENUE
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/26/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HOFFAR, SUSAN M.
STREET ADDRESS 2301 LUCIEN WAY, SUITE 445
CITY-ST-ZIP MAITLAND FL ☒ DELETE

TITLE VD
NAME SALM, DAN
STREET ADDRESS 1285 ORANGE AVENUE
CITY-ST-ZIP WINTER PARK FL ☐ DELETE

TITLE ASD
NAME TORTORELLA, MICHAEL
STREET ADDRESS 7300 SANDLAKE COMMONS BLVD., SUITE 320
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE TD
NAME GREENWOOD, RICHARD
STREET ADDRESS 1276 MINNESOTA AVENUE
CITY-ST-ZIP WINTER PARK FL ☒ DELETE

TITLE SD
NAME MATAS, JAMES
STREET ADDRESS 7300 SANDLAKE COMMONS BLVD.
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME V.AIVE, KATHY
1.3 STREET ADDRESS 7300 SANDLAKE COMMONS, BLVD., STE 200
1.4 CITY-ST-ZIP Orlando, FL 32819 ☐ Change ☒ Addition

2.1 TITLE VD
2.2 NAME SALM, DAN
2.3 STREET ADDRESS 1285 ORANGE AVE.
2.4 CITY-ST-ZIP WINTER PARK, FL 32806 ☒ Change ☐ Addition

3.1 TITLE SD/TD
3.2 NAME MATAS, JAMES
3.3 STREET ADDRESS 7300 SANDLAKE COMMONS, BLVD, Ste 100
3.4 CITY-ST-ZIP Orlando, FL 32819 ☒ Change ☐ Addition

4.1 TITLE ASD
4.2 NAME TORTORELLA, MICHAEL
4.3 STREET ADDRESS 7300 SANDLAKE COMMONS BLVD., Ste. 320
4.4 CITY-ST-ZIP Orlando, FL 32819 ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-475-2741
Date Daytime Phone #

CR2E037 (11/98)