

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91618 027 ****61.25

DOCUMENT # N16862

1. Entity 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
SUITE 200
ALTAMONTE SPRINGS FL 32714
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2755176

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACLARTY, W SUE
THE QUEST COMPANY
921 DOUGLAS AVENUE SUITE 200
ALTAMONTE SPRINGS FL 32714**

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **MATAS, JAMES**
CITY-ST-ZIP **7300 SANDLAKE COMMONS, BLVD STE. 200
ORLANDO FL 32819**☒ Change ☐ Addition
TITLE **7300 SANDLAKE COMMONS BLVD, STE 100**
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VD**
STREET ADDRESS **SALM, DAN**
CITY-ST-ZIP **1285 ORANGE AVENUE
WINTER PARK FL**☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **ASD**
STREET ADDRESS **TORTORELLA, MICHAEL**
CITY-ST-ZIP **7300 SANDLAKE COMMONS BLVD., SUITE 320
ORLANDO FL 32789**☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **STD**
STREET ADDRESS **TOMPKINS, JIM**
CITY-ST-ZIP **7300 SANDLAKE COMMONS, BLVD. STE. 100
ORLANDO FL 32819**☒ Change ☐ Addition
TITLE **CHRISTOPHER JORDAN**
NAME **7300 SAND LAKE COMMONS BLVD, STE 200**
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James A. Matas, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)