2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90278 018 ****61.25

DOCUMENT# N16862

1. EntityName
MEDPLEXAATSANDLAKECOMMONS,INC.

94076935

PrincipalPlaceofBusiness	MailingAddress
7300 SANDLAKE COMMONS BLVD ORLANDO, FL 32819 US	921 DOUGLAS AVENUE SUITE 200 ALTAMONTE SPRINGS, FL 32714 US

04072004 Chg-NP CR2E037 (10/03)

2. PrincipalPlaceofBusiness		3. MailingAddress	
Suite,Apt.#,etc.		Suite,Apt.#,etc.	
City&State		City&State	
Zip	Country	Zip	Country

4. FEINumber 59-2755176 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent	7. NameandAddressofNewRegisteredAgent
MACLARTY,WSUE THEQUESTCOMPANY 921DOUGLASAVENUESUITE200 ALTAMONTESPRINGS,FL32714	Name StreetAddress (P.O.BoxNumberisNotAcceptable) City **FL** ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating)

Filing Fee Is $61.25
Due by May 1, 2004

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

Make check payable to Florida Department of State

10. OFFICERSANDDIRECTORS			11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN10		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MATAS,JAMES		NAME		
STREETADDRESS	7300SANDLAKECOMMONSBLVDSTE100		STREETADDRESS		
CITY-ST-ZIP	ORLANDO,FL32819		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SALM,DAN		NAME		
STREETADDRESS	1285ORANGEAVENUE		STREETADDRESS		
CITY-ST-ZIP	WINTERPARK,FL		CITY-ST-ZIP		
TITLE	ASD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TORTORELLA,MICHAEL		NAME		
STREETADDRESS	7300SANDLAKECOMMONSBLVD.,SUITE320		STREETADDRESS		
CITY-ST-ZIP	ORLANDO,FL32789		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	JORDAN,CHRISTOPHER		NAME		
STREETADDRESS	7300SANDLAKECOMMONSBLVDSTE200		STREETADDRESS	55 Skyline Dr #2900	
CITY-ST-ZIP	ORLANDO,FL32819		CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREETADDRESS			STREETADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREETADDRESS			STREETADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. Ihereby 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 dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: James A. Matas 4/26/04 (407) 345-8145
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#