2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

04112005 No Chg-NP CR2E037 (10/03)

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

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MATAS, JAMES
STREET ADDRESS	7300 SANDLAKE COMMONS BLVD STE 100
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	VD
NAME	SALM, DAN
STREET ADDRESS	1285 ORANGE AVENUE
CITY-ST-ZIP	WINTER PARK, FL
TITLE	ASD
NAME	TORTORELLA, MICHAEL
STREET ADDRESS	7300 SANDLAKE COMMONS BLVD., SUITE 320
CITY-ST-ZIP	ORLANDO, FL 32789
TITLE	STD
NAME	JORDAN, CHRISTOPHER
STREET ADDRESS	55 SKYLINE DR. #2900
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 JAMES A. MATAS 4/19/05 (407) 345-8114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #