

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90412 018 ****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**

50012809



2. Principal Place of Business

3. Mailing Address

1180 Spring Centre South Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#102

01032006 Chg-NP CR2E037 (11/05)

City & State

City & State

Altamonte Springs, FL

4. FEI Number
59-2755176

Applied For
Not Applicable

Zip

Country

Zip

Country

32714

US

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)

1180 Spring Centre South Blvd #102

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. 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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MATAS, JAMES
STREET ADDRESS 7300 SANDLAKE COMMONS BLVD STE 100
CITY-ST-ZIP ORLANDO, FL 32819

TITLE **PD** ☒ Change ☐ Addition
NAME **DAN SALM**
STREET ADDRESS **1285 ORANGE AVE**
CITY-ST-ZIP **Winter Park, FL**

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

TITLE **VPE** ☒ Change ☐ Addition
NAME **Dr. James Matas**
STREET ADDRESS **7300 sandlake Commons Blvd #100**
CITY-ST-ZIP **Orlando, FL 32819**

TITLE ASD ☐ Delete
NAME TORTORELLA, MICHAEL
STREET ADDRESS 7300 SANDLAKE COMMONS BLVD., SUITE 320
CITY-ST-ZIP ORLANDO, FL 32789

TITLE **SD** ☒ Change ☐ Addition
NAME **Christopher Jordan**
STREET ADDRESS **55 Skyline Dr #2900**
CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE STD ☐ Delete
NAME JORDAN, CHRISTOPHER
STREET ADDRESS 55 SKYLINE DR. #2900
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE **TD** ☒ Change ☐ Addition
NAME **DR. Michael Tortorella**
STREET ADDRESS **7300 sandlake Commons Blvd #320**
CITY-ST-ZIP **Orlando, FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR

DANIEL J. SALM

3/22/06

407-643-1381

Date

Daytime Phone #