
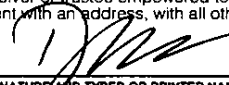


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90031 005 ****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 1180 SPRING CENTRE S BLVD #102 ALTAMONTE SPRINGS, FL 32714 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2755176	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 1180 SPRING CENTRE SOUTH BLVD #102 ALTAMONTE SPRINGS, FL 32714			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VPI <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATAS, JAMES		NAME		
STREET ADDRESS	7300 SANDLAKE COMMONS BLVD STE 100		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALM, DAN		NAME	DAN SALM	
STREET ADDRESS	1285 ORANGE AVENUE		STREET ADDRESS	WINTER PARK, FL 32789	
CITY-ST-ZIP	WINTER PARK, FL		CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORTORELLA, MICHAEL		NAME	TORTORELLA, MICHAEL	
STREET ADDRESS	7300 SANDLAKE COMMONS BLVD., SUITE 320		STREET ADDRESS	ORLANDO, FL 32819	
CITY-ST-ZIP	ORLANDO, FL 32789		CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JORDAN, CHRISTOPHER		NAME	SD ABAUMER MOON	
STREET ADDRESS	55 SKYLINE DR. #2900		STREET ADDRESS	7300 SANDLAKE COMMONS BLVD	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  DANIEL J. SALM 3/25/08					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					