2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16862

Apr 13, 2009 Secretary of State

Entity Name: MEDPLEX A AT SAND LAKE COMMONS, INC.

Current Principal Place of Business:	New Principal Place of Business:
CHITTANT Principal Place of Blicipace	NAW Principal Place of Kilsiness:

7300 SANDLAKE COMMONS BLVD ORLANDO, FL 32819

Current Mailing Address: New Mailing Address:

1180 SPRING CENTRE S BLVD #102

ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-2755176 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MACLARTY, W SUE THE QUEST COMPANY 1180 SPRING CENTRE SOUTH BLVD #102 ALTAMONTE SPRINGS, FL 32714 US

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition Name:

MATAS, JAMES MATAS, JAMES Name:

Address: 7300 SANDLAKE COMMONS BLVD STE 100 Address: 7300 SANDLAKE COMMONS BLVD STE 100

ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819 City-St-Zip:

Title: PD Title: (X) Change () Addition () Delete

Name: SALM, DAN Name: LAWRENCE, JEANETTA

Address: 1285 ORANGE AVENUE Address: 7300 SANDLAKE COMMONS BLVD.

City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: ORLANDO, FL 32819

Title: () Delete Title: () Change () Addition TORTORELLA, MICHAEL Name: Name:

7300 SANDLAKE COMMONS BLVD., SUITE 320 Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

Name: ABAUMER, MOON Name: 7300 SANDLAKE COMMONS BLVD Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES MATAS Ρ 04/13/2009