

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000001520

1. Entity Name  
MEDPLEX B AT SAND LAKE COMMONS, INC.



FILED

09 JUL 17 AM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02182009 Chg-NP CR2E037 (11/08)

Principal Place of Business  
7350 SANDLAKE COMMONS BLVD.  
ORLANDO, FL 32819 US

Mailing Address  
11360 JOG ROAD  
SUITE 200  
PALM BEACH GARDENS, FL 33418 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3274787

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

MERCADO, TARA  
1720 SOUTH ORANGE AVE  
SUITE 101  
ORLANDO, FL 32806

Name The DASCO Companies.  
Street Address (P.O. Box Number is Not Acceptable)

11360 Jog Road #200  
Palm Beach Gardens FL 33418

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 re/instating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2009

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

TITLE PD  
NAME MERCADO-DAVIS, TARA  
STREET ADDRESS 1720 SOUTH ORANGE AVE SUITE 101  
CITY-ST-ZIP ORLANDO, FL 32806 ☐ Delete

TITLE SD  
NAME MORALES, OFFILO  
STREET ADDRESS 7350 SANDLAKE COMMONS BLVD SUITE 1115  
CITY-ST-ZIP ORLANDO, FL 32819 ☒ Delete

TITLE AVPD  
NAME MONGE, RAQUEL  
STREET ADDRESS 1728 SOUTH ORANGE AVENUE, SUITE 101  
CITY-ST-ZIP ORLANDO, FL 32806 ☐ Delete

TITLE TD  
NAME CASTELLINI, MATIDE  
STREET ADDRESS 7350 SANDLAKE COMMONS BLVD. #1211  
CITY-ST-ZIP ORLANDO, FL 32819 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MERCADO-DAVIS, TARA  
STREET ADDRESS 451 W. WARREN AVE.  
CITY-ST-ZIP LONGWOOD, FL 32750 ☒ Change ☐ Addition

TITLE SD  
NAME Herrera, Zaira  
STREET ADDRESS 451 W. WARREN AVE  
CITY-ST-ZIP LONGWOOD, FL 32750 ☐ Change ☒ Addition

TITLE AVPD  
NAME MONGE, RAQUEL  
STREET ADDRESS 451 W. WARREN AVE  
CITY-ST-ZIP LONGWOOD, FL 32750 ☒ Change ☐ Addition

TITLE  
NAME MATILDE CASTELLINI  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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:

Tara Mercado TARA MERCADO

2/25/09

407.422.3612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #