

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000048720**

1. Entity Name
SOUTH LAKE HOSPITALISTS, P.A.



Principal Place of Business
33321 E. LAKE JOANNA DR.
EUSTIS FL 32726

Mailing Address
33321 E. LAKE JOANNA DR.
EUSTIS FL 32726

2. Principal Place of Business
1099 Citrus Tower Blvd.

3. Mailing Address
P. O. Box 1669

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Clermont, FL

City & State
Mt Dora, FL

Zip
34711

Zip
32756

Country
Lake

Country
Lake

4. FEI Number

01-0714539

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**CASTNER, MATTHEW P
33321 E. LAKE JOANNA DR.
EUSTIS FL 32726**

7. Name and Address of New Registered Agent

Name
CASTNER, Matthew P.

Street Address (P.O. Box Number is Not Acceptable)

33627 EAST Lake Jo Anna Drive

City
Eustis

FL
32736

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

4/8/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
NAME
CASTNER, MATTHEW P
STREET ADDRESS
33321 E. LAKE JOANNA DR.
CITY-ST-ZIP
EUSTIS FL 32726

Delete

TITLE
President Director (D)
NAME
Matthew P. CASTNER
STREET ADDRESS
33627 EAST Lake Jo Anna Drive
CITY-ST-ZIP
Eustis, FL 32736

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a address, with all other like empowered.

SIGNATURE:

MATTHEW P. CASTNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03 (352)636-2379

Daytime Phone #

CR2E034 (10/02)