## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P020001011115** 

Entity Name

SOUTH LAKE MEDICINE, P.A.



Principal Place of Business

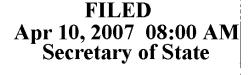
1745 E. HIGHWAY 50

SUITE C CLERMONT, FL 34711 Mailing Address

1745 E. HIGHWAY 50

SUITE C

CLERMONT, FL 34711





## DO NOT WRITE IN THIS SPACE

4. FEI Number 47-0888339		CR2E034 (11/05)		
			Applied For	
			Not Applicable	
		***		

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WALKER, GARY

100 S. ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	Employable (NOTE Providence	( Agent signs:	required then country	DATE
	organizate, rypaci sa primaci nama or registeraci againt and title ii	apparame. (NOTE, Hegistered	o wheer sidustries	required when reinstaling)	DATE
FILE NOW!!! FEE 13 \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution S 55.00 May Be Added to Fees			U00000697521 04/18/07-80044-006 150.00
10.	OFFICERS AND DIREC	TORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUANG, HANXIAN DR. 1745 E. HWY 50 CLERMONT, FL 34711				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE
TAILE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY ST. 719					

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 607, 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.

S.	1	M	ΔΤΙ	ID	E٠

SIGNATURE AND TYPETOR PROFES NAME OF BIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #