
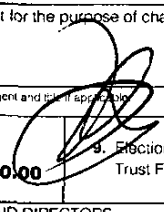
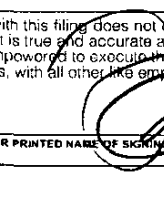


FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90104 008 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000101115			
1. 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	
2. Principal Place of Business - No P.O. Box # 235 CITRUS TOWER BLVD		3. Mailing Address 235 CITRUS TOWER BLVD	
Suite, Apt. #, etc. STE 107		Suite, Apt. #, etc. STE 107	
City & State CLERMONT, FL		City & State CLERMONT, FL	
Zip 34711-2711		Zip 34711-2711	
Country USA		Country USA	
6. Name and Address of Current Registered Agent WALKER, GARY 100 S. ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUANG, HANXIAN DR. 1745 E. HWY 50 CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.			
SIGNATURE: 		DATE 5/30/08 Daytime Phone #	