


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

03-22-2004 90065 010 ***150.00

DOCUMENT # P03000155050	
1. Entity Name SOUTH LAKE INTERNAL MEDICINE, P.A.	

Principal Place of Business 614 E. HWY. 50, #230 CLERMONT, FL 34711	Mailing Address 614 E. HWY. 50, #230 CLERMONT, FL 34711
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66416596

2. Principal Place of Business <i>1120 Citrus Tower Blvd</i> Suite, Apt. #, etc. <i>125</i> City & State <i>Clermont FL</i> Zip <i>34711</i> Country <i>Lake</i>	3. Mailing Address <i>Same</i> Suite, Apt. #, etc. City & State Zip Country
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04092004 Chg-P CR2E034 (10/03)

4. FEI Number <i>20-0608318</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BARR, RAYMOND W 111 E. DIVISION ST. CLERMONT, FL 34711	
7. Name and Address of New Registered Agent Name <i>Raymond Barr</i> Street Address (P.O. Box Number is Not Acceptable) <i>12424 Lake Valley Drive</i> City <i>Clermont</i> FL Zip Code <i>34711</i>	

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]* DATE *4/26/2004*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MAYS, WENDELLENN S 614 E. HWY. 50, #230 CLERMONT, FL 34711 <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 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 an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE *4/14/04* DAYTIME PHONE # *352-243-2141*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

66416596
PO 3000155050



South Lake Internal Medicine PA 02/2004
1120 Citrus Tower Blvd Ste 125
Clermont, FL 34711-1904

1020

63-215/631

Date 3/17/04



Pay to the
Order of

Florida Department of State

\$ 150.00

one hundred & fifty dollars

xx/100

Dollars



Security
Features
Details on
Back

SUNTRUST

SunTrust Bank

doc # PO3000155050

For Profit annual report

Wendell S

Attachment

04/14/04

66416596
PO3000155050

Division of Corporations
P.O.Box 1500
Tallahassee, FL 32302

Dear Sir or Madame,

This letter is in reference to the "2004 For Profit Corporation Annual Report". It was returned to me due to my neglect to fill in the FEI Number, but I have paid the fee on 03/17/04 with a business check. The check has been cashed and that record has been filed by us, so I am supposing that the late fee will not apply to us if the new paperwork does not get in before the first of May. Enclosed you will find a copy of that check..

If you have any questions please do not hesitate to ask. I can be reached at (352) 551-6840.

Sincerely,
Raymond Barr