

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90015 043 \*\*\*150.00

**DOCUMENT # P03000155050**

1. Entity Name  
SOUTH LAKE INTERNAL MEDICINE, P.A.



Principal Place of Business  
1120 CITRUS TOWER BLVD  
125  
CLERMONT, FL 34711

Mailing Address  
1120 CITRUS TOWER BLVD  
125  
CLERMONT, FL 34711

**50000479**



02092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0608318

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SIMON, JAMES K  
1101 CITRUS TOWER BLVD.  
CLERMONT, FL 34711

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	RAY, JAMES M M.D.
STREET ADDRESS	1101 CITRUS TOWER BLVD
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	DVP
NAME	FLORIN, JORGE L M.D.
STREET ADDRESS	10000 WEST COLONIAL DRIVE - SUITE 288
CITY-ST-ZIP	OCOE, FL 34761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/06

Date

(352) 394-1969

Daytime Phone #