2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P04000113004

Entity Name: SAND LAKE HOSPITALISTS, P.A.

Current Principal Place of Business:

7232 WEST SAND LAKE ROAD #101
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7232 WEST SAND LAKE ROAD #101
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 20-1457851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHICK, DAVID L ESQ.
301 E. PINE STREET
SUITE 1400
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR ( ) Change (X) Addition
Name: AYADI, JAUVID M.D.
Address: 9240 SOUTHERN BREEZE DRIVE
City-St-Zip: ORLANDO, FL 32836 US

Title: DIR ( ) Change (X) Addition
Name: IRFAN, ISMAT M.D.
Address: 14043 ISLAMORADA DRIVE
City-St-Zip: ORLANDO, FL 32837 US

Title: DIR ( ) Change (X) Addition
Name: KALAN, PRAKASH M.D.
Address: 10454 BIG TREE COURT
City-St-Zip: ORLANDO, FL 32836 US

Title: DIR ( ) Change (X) Addition
Name: VELARDI, ANTONIO M.D.
Address: 1909 HORSEFERRY ROAD
City-St-Zip: ORLANDO, FL 32835 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAUVID AYADI, M.D. DIR 04/28/2005

Electronic Signature of Signing Officer or Director — Date