


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2007 8:00 am**  
**Secretary of State**

09-13-2007 90002 006 \*\*\*158.75

<b>DOCUMENT # P04000113004</b>	
1. Entity Name <b>SAND LAKE HOSPITALISTS, P.A.</b>	

Principal Place of Business <b>7680 UNIVERSAL BLVD SUITE 210 ORLANDO, FL 32819</b>	Mailing Address <b>7557 WEST SAND LAKE RD PMB 113 ORLANDO, FL 32819</b>
---	--

**50001835**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08312007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-1457851</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent <b>SCHICK, DAVID L ESQ. 301 E. PINE STREET SUITE 1400 ORLANDO, FL 32801</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_  
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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution: ☐ **\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR AYADI, JAUVID M.D. 9240 SOUTHERN BREEZE DRIVE ORLANDO, FL 32836 <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	DIR IRFAN, ISMAT M.D. 14043 ISLAMORADA DRIVE ORLANDO, FL 32837 <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	DIR KALAN, PRAKASH M.D. 10454 BIG TREE COURT ORLANDO, FL 32836 <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	DIR VELARDI, ANTONIO M.D. 7909 HORSE FERRY RD ORLANDO, FL 32835 <input checked="" 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
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 no other like empowered.

SIGNATURE: JAUVID AYADI M.D. 9/6/07 (407) 383-9390  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #