


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000113004	
1. Entity Name SAND LAKE HOSPITALISTS, P.A.	

Principal Place of Business 7680 UNIVERSAL BLVD SUITE 210 ORLANDO, FL 32819	Mailing Address 7557 WEST SAND LAKE RD PMB 113 ORLANDO, FL 32819
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03192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1457851	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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	04/15/08-80025-016 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR AYADI, JAUVID M.D. 9240 SOUTHERN BREEZE DRIVE ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR IRFAN, ISMAT M.D. 14043 ISLAMORADA DRIVE ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR KALAN, PRAKASH M.D. 10454 BIG TREE COURT ORLANDO, FL 32836
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: Prakash Kalan PRAKASH KALAN, M.D. 3/27/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

407-352-2542