

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000031970

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** SOUTH LAKE MEDICAL CENTER, INC.

**Current Principal Place of Business:**

265 CITRUS TOWER BLVD  
SUITE # 206  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

265 CITRUS TOWER BLVD  
SUITE # 206  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 20-8666890

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NASIR, SHAZIA  
265 CITRUS TOWER BLVD  
SUITE # 206  
CLERMONT, FL 34711 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

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** NASIR, SHAZIA  
**Address:** 265 CITRUS TOWER BLVD, SUITE # 206  
**City-St-Zip:** CLERMONT, FL 34711

**Title:** SEC  
**Name:** SHARIF, NASIR  
**Address:** 265 CITRUS TOWER BLVD, SUITE # 206  
**City-St-Zip:** CLERMONT, FL 34711

I hereby 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 all other like empowered.

**SIGNATURE:** SHAZIA NASIR

PRES

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date