

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000100092

FILED  
Jan 23, 2005  
Secretary of State

**Entity Name:** BAY HILL SAND LAKE MEDICAL ASSOCIATES III, INC.

**Current Principal Place of Business:**

7512 DOCTOR PHILLIPS BOULEVARD  
SUITE 50-211  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7512 DOCTOR PHILLIPS BOULEVARD  
SUITE 50-211  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 59-3609051

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KURINSKY, TED  
7512 DR PHILLIPS BLVD, STE 40-211  
ORLANDO, FL 32819 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: PDST ( ) Delete  
Name: KURINSKY, TED  
Address: 10134 BRANDON CIRCLE  
City-St-Zip: ORLANDO, FL 32836

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** TED KURINSKY

PDST

01/23/2005

Electronic Signature of Signing Officer or Director

Date