

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000100092

FILED
Feb 10, 2012
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

OFFICERS AND DIRECTORS:

Title: PDST
Name: KURINSKY, TED
Address: 10040 BRANDON CIRCLE
City-St-Zip: ORLANDO, FL 32836

Title: D
Name: HARDOON, BARBARA
Address: 10040 BRANDON CIRCLE
City-St-Zip: ORLANDO, FL 32836

Title: D
Name: HARDOON, ERIC
Address: 10040 BRANDON CIRCLE
City-St-Zip: ORLANDO, FL 32836

Title: D
Name: HARDOON, SCOTT
Address: 10040 BRANDON CIRCLE
City-St-Zip: ORLANDO, FL 32836

Title: D
Name: HARDOON, ABE
Address: 10040 BRANDON CIRCLE
City-St-Zip: ORLANDO, FL 32836

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: ABE HARDOON

D

02/10/2012

Electronic Signature of Signing Officer or Director

Date