

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J65376

Entity Name: SAND LAKE MEDICAL ASSOCIATES, P.A.

Current Principal Place of Business:

6200 MERTOWEST BLVD, STE 106
ORLANDO, FL 32835

Current Mailing Address:

6200 MERTOWEST BLVD, STE 106
ORLANDO, FL 32835

FEI Number: 59-2805125

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title D
Name HARDING, VICTOR H
Address 6200 MERTOWEST BLVD, STE 106
City-State-Zip: ORLANDO FL 32835

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: VICTOR HARDING

DIRECTOR

04/23/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date