

**2013 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, MD

**DIRECTOR**

**04/13/2013**

Electronic Signature of Signing Officer/Director Detail

Date