2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2016
Secretary of State
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Entity Name: SOUTH LAKE MEDICAL CENTER, INC.

Current Principal Place of Business:

SOUTH LAKE MEDICAL CENTER
1950 HOSPITAL VIEW WAY
CLERMONT, FL 34711

Current Mailing Address:

SOUTH LAKE MEDICAL CENTER
1950 HOSPITAL VIEW WAY
CLERMONT, FL 34711 US

FEI Number: 20-8666890

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NASIR, SHAZIA
SOUTH LAKE MEDICAL CENTER
1950 HOSPITAL VIEW WAY
CLERMONT, FL 34711 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	PRES	Title	SEC
Name	NASIR, SHAZIA	Name	SHARIF, NASIR
Address	SOUTH LAKE MEDICAL CENTER 1950 HOSPITAL VIEW WAY	Address	SOUTH LAKE MEDICAL CENTER 1950 HOSPITAL VIEW WAY
City-State-Zip:	CLERMONT FL 34711	City-State-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: NASIR SHARIF OFFICE MANAGER 03/03/2016

Electronic Signature of Signing Officer/Director Detail — Date