2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State
04-06-2007 90049 049 ***150.00

DOCUMENT # F43541

1. Entity Name
PERMA-FIX OF ORLANDO, INC.

Principal Place of Business	Mailing Address
10100 ROCKET BLVD ORLANDO, FL 32824 US	1940 NW 67TH PLACE GAINESVILLE, FL 32653 US

03272007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	8302 Dunwoody Place
Suite, Apt. #, etc.	Suite, Apt. #, etc. 250
City & State	City & State Atlanta GA
Zip / Country	Zip 30350 / Country USA

4. FEI Number
31-1017466
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CSC 1201 HAYS STREET TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CENTOFANTI, LOUIS F 6075 ROSWELL RD., STE 602 ATLANTA, GA 30328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Dr. Louis F. Centofanti 8302 Dunwoody Place, Suite 250 Atlanta, GA 30350	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD KELECY, RICHARD T 1940 NW 67TH PL STE A GAINESVILLE, FL 32653	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S Steve Baughman 8302 Dunwoody Place, Suite 250 Atlanta GA 30350	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KEEGAN, TIMOTHY 8302 DUNWOODY PL. STE. 250 ATLANTA, GA 30350	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCNAMARA, LARRY 701 SCARBORO RD. STE 300 OAK RIDGE, TN 37830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/29/07 770·587·9898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #