

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 05, 2003 8:00 am
Secretary of State

06-05-2003 90125 042 *****70.00

0012360

DOCUMENT # N93000000667

1. Entity Name
ACA OF CENTRAL FLORIDA, INC.



Principal Place of Business
**2759 MARSH WREN CIRCLE
LONGWOOD FL 32779**

Mailing Address
**2759 MARSH WREN CIRCLE
LONGWOOD FL 32779**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3195479**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**AGC CO.
200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO FL 32802**

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 \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **PD MEHTA, JASBIR P**
STREET ADDRESS **2759 MARSH WREN CIRCLE**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD JOINER, EDWARD**
STREET ADDRESS **1012 EAST MICHIGAN AVENUE**
CITY-ST-ZIP **DELAND FL 32724**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **P ARORA, KIRAN**
STREET ADDRESS **10112 CANOPY TREE LANE**
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D DEHPANDE, ANIL**
STREET ADDRESS **7551 POINT VIEW CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **T ANURADHA, KRISTINAN**
STREET ADDRESS **628 CHRISTIE WOOD CT.**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE Change Addition
NAME **ANURADHA KRISHNAN**
STREET ADDRESS **same as**
CITY-ST-ZIP

TITLE Delete
NAME **D RATAN, GUHA**
STREET ADDRESS **2901 LOLISSA LANE**
CITY-ST-ZIP **MATLAND FL 32816**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **JASBIR P MEHTA** **4/1/03** **407 333-3667**

CR2E037 (10/02)