

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000169274

FILED
Jan 06, 2011
Secretary of State

Entity Name: ORLANDO MEDICAL INSTITUTE, INC.

Current Principal Place of Business:

6220 S. ORANGE BLOSSOM TRL., STE 420
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

6220 S. ORANGE BLOSSOM TRL., STE 420
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 42-1654639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUEZ, FELIX J. JR.
1650 SANDLAKE ROAD
SUITE 385
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

MARQUEZ, FELIX J. JR.
6220 S. ORANGE BLOSSOM TRAIL, STE 420
SUITE 420
ORLANDO, FL 32809 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: FELIX J. MARQUEZ, JR

01/06/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: MARQUEZ, ABIGAIL K
Address: 6220 S. ORANGE BLOSSOM TRL., STE 420
City-St-Zip: ORLANDO, FL 32809

Title: P
Name: MARQUEZ, FELIX J JR.
Address: 6220 S. ORANGE BLOSSOM TRL., STE 420
City-St-Zip: ORLANDO, FL 32809

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: ABIGAIL K. MARQUEZ

VP

01/06/2011

Electronic Signature of Signing Officer or Director

Date