

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076594

FILED
Aug 28, 2007
Secretary of State

Entity Name: MEDICAL VILLAGE HEALTHCARE GROUP, INC.

Current Principal Place of Business:

816 WEST OAK STREET
OAK MEDICAL PLAZA ONE
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

816 WEST OAK STREET
OAK MEDICAL PLAZA ONE
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number: 20-2909178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MANZUR, KHALID
Address: 8931 SOUTHERN BREEZE DRIVE
City-St-Zip: ORLANDO, FL 32836 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MANZUR, KHALID
Address: P.O. BOX 421287
City-St-Zip: KISSIMMEE, FL 34742 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KHALID MANZUR

D

08/28/2007

Electronic Signature of Signing Officer or Director

Date