

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000049270

FILED
Apr 26, 2008
Secretary of State

Entity Name: PRADOS MEDICAL CENTRE, INC.

Current Principal Place of Business:

921 N. MAIN ST., STE. 202
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

921 N. MAIN ST., STE. 202
KISSIMMEE, FL 34744

New Mailing Address:

4225 FOX ST.
#207
ORLANDO, FL 32814

FEI Number: 20-8899151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, JARROD D.
4225 FOX ST., STE. 207
ORLANDO, FL 32814 US

Name and Address of New Registered Agent:

WALLACE, JARROD D.
4225 FOX ST., STE. 207
ORLANDO, FL 32814 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: JARROD D WALLACE

04/26/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALLACE, JARROD D.
Address: 921 N. MAIN ST., STE. 202
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WALLACE, JARROD D
Address: 4225 FOX ST. #207
City-St-Zip: ORLANDO, FL 32814

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: JARROD D WALLACE

PRES

04/26/2008

Electronic Signature of Signing Officer or Director

Date