2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P04000129319

Entity Name: SAJUNE MEDICAL CENTER, INC.

Current Principal Place of Business:

45 WEST COLUMBIA STREET
SUITE 10
ORLANDO, FL 32806 US

New Principal Place of Business:

954 LAKE BALDWIN LANE
ORLANDO, FL 32814 US

Current Mailing Address:

45 WEST COLUMBIA ST
SUITE 10
ORLANDO, FL 32806 US

New Mailing Address:

954 LAKE BALDWIN LANE
ORLANDO, FL 32814 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEATHERFORD, WILLIAM P JR
1150 LOUISIANA AVENUE
SUITE 4
WINTER PARK, FL 32789 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PATI, SANGEETA M.D.
Address: 45 WEST COLUMBIA STREET
City-St-Zip: ORLANDO, FL 32806 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PATI, SANGEETA M.D.
Address: 954 LAKE BALDWIN LANE
City-St-Zip: ORLANDO, FL 32814 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SANGEETA PATI P 04/26/2007

Electronic Signature of Signing Officer or Director Date