

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000049270

FILED  
Jan 25, 2009  
Secretary of State

Entity Name: PRADOS MEDICAL CENTRE, INC.

## Current Principal Place of Business:

395 VILLAGE DR.  
PONCIANA, FL 34759

## New Principal Place of Business:

## Current Mailing Address:

1700 JAKE ST, UNIT 103  
ORLANDO, FL 32814

## New Mailing Address:

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  
1700 JAKE ST  
UNIT 103  
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:

01/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WALLACE, JARROD D  
Address: 1700 JAKE ST, UNIT 103  
City-St-Zip: ORLANDO, FL 32814

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

01/25/2009

Electronic Signature of Signing Officer or Director

Date