

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000091516

**Entity Name:** SERVICE TEAM OF PROFESSIONALS OF WEST ORLANDO, INC.

**FILED**  
**Apr 29, 2013**  
**Secretary of State**  
**CC3544838408**

**Current Principal Place of Business:**

8041 NEW RIVER DRIVE  
SUITE 14303  
ORLANDO, FL 32821

**Current Mailing Address:**

8041 NEW RIVER DRIVE  
SUITE 14303  
ORLANDO, FL 32821 US

**FEI Number: 36-4681705**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DIXON, JOHN  
8041 NEW RIVER DRIVE  
SUITE 14303  
ORLANDO, FL 32821 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name DIXON, JOHN  
Address 8041 NEW RIVER DRIVE  
City-State-Zip: ORLANDO FL 32821

*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: JOHN DIXON**

**PRESEDENT**

**04/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date