

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000011110

**Entity Name:** HEALTH ORLANDO, INC.

**Current Principal Place of Business:**

600 PALM SPRINGS DR  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

P O BOX 162837  
ALTAMONTE SPRINGS, FL 32716 US

**FEI Number:** 47-3212999

**Certificate of Status Desired:** Yes

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

SABHARWAL, ANITA  
127 W. FAIRBANKS AVE. # 239  
WINTER PARK, FL 32789 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            D  
Name            SABHARWAL, ANITA  
Address        127 W. FAIRBANKS AVE. # 239  
City-State-Zip: WINTER PARK FL 32789

Title            MR  
Name            SABHARWAL, SARAT  
Address        P O BOX 162837  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

*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:** SARAT SABHARWAL

AMBR

05/04/2016

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

\_\_\_\_\_ Date