

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S56220

**Entity Name:** ALD OF EAST CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

2825 BUSINESS CENTER BLVD  
SUITE A6  
MELBOURNE, FL 32940

**Current Mailing Address:**

2825 BUSINESS CENTER BLVD  
SUITE A6  
MELBOURNE, FL 32940 US

**FEI Number:** 59-3068404

**Certificate of Status Desired:** No

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

PFLUG, THOMAS E  
6147 ARLINGTON CIRCLE  
MELBOURNE, FL 32940 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 DP  
Name PFLUG, THOMAS E  
Address 6147 ARLINGTON CIRCLE  
City-State-Zip: MELBOURNE FL 32940

Title DS  
Name PFLUG, DEBRA A  
Address 6147 ARLINGTON CIRCLE  
City-State-Zip: MELBOURNE FL 32940

*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:** DEBRA A PFLUG

**DIRECTOR**

**03/03/2014**

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

\_\_\_\_\_  
Date