


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90795 019 *****61.25

0013638

DOCUMENT # 726280	
1. Entity Name SOROSIS OF ORLANDO, INC.	

Principal Place of Business 501 E LIVINGSTON ST ORLANDO FL 32803-5616	Mailing Address 501 E LIVINGSTON ST ORLANDO FL 32803-5616
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-0540538	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANK, JACQUELINE 632 SHERIDAN BLVD ORLANDO FL 32804	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jacqueline Frank* DATE 4/28/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK, MRS JACQUELINE	NAME	
STREET ADDRESS	632 SHERIDAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARCO, MRS. SUSAN.	NAME	
STREET ADDRESS	2320 HUNTINGTON GREEN COURT	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32839	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMINSKY, MRS BEVERLY	NAME	
STREET ADDRESS	1701 OVERLAKE AVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, WINIFRED MRS.	NAME	
STREET ADDRESS	1511 LANDO LANE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONLEY, MRS MARY	NAME	
STREET ADDRESS	2304 LAUDERDALE COURT	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSEY, JOANN S	NAME	
STREET ADDRESS	800 BUCKWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jacqueline Frank* DATE 4/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)