2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State
07-08-2005 90025 011 ****61.25

DOCUMENT # 760691

50055390

1. Entity Name
ZOM SPRINGSIDE OFFICE CENTER I, INC.

Principal Place of Business	Mailing Address
1220 DOUGLAS AVE., #203 LONGWOOD, FL 32779 US	1220 DOUGLAS AVE., #203 LONGWOOD, FL 32779 US

06302005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1220 Douglas Ave	1220 Douglas Ave
Suite, Apt. #, etc.: # 201	Suite, Apt. #, etc.: # 201
City & State: Longwood FL	City & State: Longwood FL
Zip: 32779 Country: US	Zip: 32779 Country: US

4. FEI Number 59-2148192 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KRAUSE, MITCHEL B 1220 DOUGLAS AVE., #203 LONGWOOD, FL 32779	Name: Stanley Silver Street Address (P.O. Box Number is Not Acceptable): 1220 Douglas Avenue # 201 City: Longwood FL Zip Code: 32779

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: [signature] AS PRESIDENT 7/5/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FELSING, MARLYN 1220 DOUGLAS AVE., #205 LONGWOOD, FL 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Felsing, Marlyn 1220 Douglas Ave #207 Longwood FL 32779	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KRAUSE, MITCHEL 1220 DOUGLAS AVE. #203 LONGWOOD, FL 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Krause, Mitchel 1220 Douglas Ave #203 Longwood FL 32779	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HORNEFFER, STEVE 1220 DOUGLAS AVENUE #103 LONGWOOD, FL 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILVER, STANLEY 1220 DOUGLAS AVENUE #201 LONGWOOD, FL 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Silver Stanley 1220 Douglas Ave # 201 Longwood FL 32779	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP RYAN, SCOTT 1220 DOUGLAS AVE., #105 LONGWOOD, FL 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANISCALCO, DOUG 1220 DOUGLAS AVE., #101 LONGWOOD, FL 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Marlyn D. Felsing 7/5/05 407-869-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #