2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# 760691

Entity Name: ZOM SPRINGSIDE OFFICE CENTER I, INC.

Current Principal Place of Business:

1200 DOUGLAS AVE
201
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

1200 DOUGLAS AVE
201
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2148192 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVER, STANLEY
1220 DOUGLAS AVE., #201
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete
Name: KRAUSE, MITCHEL
Address: 1220 DOUGLAS AVE. #203
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: HORNEFFER, STEVE
Address: 1220 DOUGLAS AVENUE #103
City-St-Zip: LONGWOOD, FL 32779

Title: VPD ( ) Delete
Name: SILVER, STANLEY
Address: 1220 DOUGLAS AVENUE #201
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: RYAN, SCOTT
Address: 1220 DOUGLAS AVE., #105
City-St-Zip: LONGWOOD, FL 32779

Title: SD ( ) Delete
Name: FISHER, ROBERT
Address: 1220 DOUGLAS AVE 205
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MITCHEL KRAUSE P 04/29/2008

Electronic Signature of Signing Officer or Director — Date