FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 MAY 22 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000001835250
-05/22/96--01088--017
****233.75 ****233.75

DOCUMENT # H91833

1. Corporation Name
Orlando Castle MGPC, Inc.

Principal Place of Business	Mailing Address
5863 American Way Orlando Fl. 32819	5895 Windward Prkwy Suite 220 Alpharetta, Ga 30202

3. Date Incorporated or Qualified	3a. Date of Last Report
12/27/85	5/1/95

2. Principal Place of Business	2a. Mailing Address
21 5863 American Way	26 5895 Windward Prkwy
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 220
City & State 23 Orlando Fl.	City & State 28 Alpharetta Ga
Zip / Country 24 32819 / 25 USA	Zip / Country 29 30202 / 30 USA

4. FEI Number: 59-1746623 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
The Prentice Hall Corporation System Inc. 1201 Hayes Street Ste-105 Tallahassee, Fl. 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President, CEO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	L. Scott Demeran		1.2 NAME		
STREET ADDRESS	5895 Windward Prkwy		1.3 STREET ADDRESS		
CITY-ST-ZIP	Alpharetta, Ga 30202		1.4 CITY-ST-ZIP		
TITLE	~~Julie Demeran~~ V.P.	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Julie Demeran		2.2 NAME		
STREET ADDRESS	5895 Windward Prkwy		2.3 STREET ADDRESS		
CITY-ST-ZIP	Alpharetta, Ga 30202		2.4 CITY-ST-ZIP		
TITLE	CFO	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Greg Waters		3.2 NAME		
STREET ADDRESS	5895 Windward Prkwy		3.3 STREET ADDRESS		
CITY-ST-ZIP	Alpharetta, Ga 30202		3.4 CITY-ST-ZIP		
TITLE	V.P. Finance	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Ann C. Travis		4.2 NAME		
STREET ADDRESS	5895 Windward Prkwy		4.3 STREET ADDRESS		
CITY-ST-ZIP	Alpharetta, Ga 30202		4.4 CITY-ST-ZIP		
TITLE	V.P. Operations	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Betty Henderson		5.2 NAME		
STREET ADDRESS	5895 Windward Prkwy		5.3 STREET ADDRESS		
CITY-ST-ZIP	Alpharetta, Ga 30202		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

VSP 5/22/96

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ann Travis Ann Travis 5/21/96 770-442-6640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #