


# 2007 FOR PROFIT-CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90061 031 \*\*\*150.00

<b>DOCUMENT # L96364</b> 1. Entity Name <b>MEDERI OF ORANGE COUNTY, INC.</b>	
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Principal Place of Business <b>P. O. BOX 144536 MIAMI, FL 33114-4536 US</b>	Mailing Address <b>153 SEVILLA AVENUE CORAL GABLES, FL 33134 US</b>
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**40041139**

2. Principal Place of Business - No P.O. Box # <b>2128 NE 63RD STREET</b> Suite, Apt. #, etc.	3. Mailing Address <b>2128 NE 63RD STREET</b> Suite, Apt. #, etc.
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City & State <b>FORT LAUDERDALE, FL</b>	City & State <b>FORT LAUDERDALE, FL</b>
Zip <b>33308</b>	Country <b>USA</b>

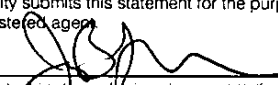


03192007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0215835</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>M.J.F. REGISTERED AGENT CORP. 153 SEVILLA AVENUE CORAL GABLES, FL 33134</b>	<b>7. Name and Address of New Registered Agent</b> Name <b>JOHN B. GALLAGHER</b> Street Address (P.O. Box Number is Not Acceptable) <b>2128 NE 63RD STREET</b> City <b>FORT LAUDERDALE, FL</b> Zip Code <b>33308</b>
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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  DATE **3/21/07**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NESSLEIN, DAVID P O BOX 144536 CORAL GABLES, FL 331144536 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NESSLEIN, DAVID 2128 NE 63RD STREET FORT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAZQUEZ, SANDRA P O BOX 144536 CORAL GABLES, FL 331144536 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUFAY, SANDRA 2128 NE 63RD STREET FORT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **3-21-07** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR