2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N07000006570



FILED Jan 16, 2008 8:00 am Secretary of State

1. Entity Nam CENTRAL ASSOCIA	L FLORIE	DA MEDICAL GRO IC.	UP MA	NAGEMENT				01-16-2008 9	0023 04	0 ****61	.25	
60 WEST GORE STREET 66			60 W	Mailing Address 60 WEST GORE STREET ORLANDO, FL 32806				quu -				
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mail	ing Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			01112008	Chg-NP	CR2E0	37 (12/06)		
City & State			Cit	City & State			4. FEI Number	26-0463	207	<u> </u>	pplied For lot Applicable	
Zip		Country	Zip	p Country		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current	Registere	d Agent		.	7. Name and A	Address of New R	egistered	Agent		
WYNNE, D	OROTHE	A			Į	Name						
60 WEST (-	Street Address	treet Address (P.O. Box Number is Not Acceptable)					
						City			Fl	Zip Co	de	
8. The above	named entit	y submits this statement fo	r the purp	ose of changing its re	gistere	d office or registe	ered agent, or both	, in the State of Flo		_	n, and accept	
	ions of regist											
SIGNATURE .	Stansture based	or printed name of registered agent	and title if non	Martin (NOTE: E	Panistaras	Agent signature requir	rad when reinstations)		DATE		··-	
N Day	Signature, typec	or printed having or registered again.	and side it app	ACADAS. (INDIC. P	- agistered	A Agent signature regon	(et) when remaining)		5			
	Filing Fe	ne is \$61.25 May 1, 2008	one map.	9. Election Camp Trust Fund Co	aign Fi	nancing _	\$5.00 May Be Added to Fees		lake chec	k payable		
 	Filing Fe Due by M	e is \$61.25		9. Election Camp Trust Fund Co	aign Fi	nancing _	\$5.00 May Be	Flor	lake chec	rtment of S	N 10	
10. TITLE	Filing Fe	ee is \$61.25 May 1, 2008 OFFICERS AND DIR		9. Election Camp Trust Fund Co	ntribution 11.	nancing on.	\$5.00 May Be Added to Fees	Flor	lake chec	rtment of S	N 10	
10. TITLE NAME	P BRYAN,	pe is \$61.25 May 1, 2008 OFFICERS AND DIF		9. Election Camp Trust Fund Co	ntribution 11.	nancing on.	\$5.00 May Be Added to Fees	Flor	lake chec	rtment of \$	N 10	
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12. I hereby certify that the information supplied with this filling 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 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: Desother M. Wegne	DOROTHER M. WYNNE	= 1-11-08	407-650-1356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE	ER OR DIRECTOR	Date	Daytime Phone #