2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # N32766

ORLÁNDO	D MEDICAL PLAZA, PHAS	E II, INC.				94-28-2006 9 0333 0.		01.23
Principal Place 1405 SOUTH SUITE #601 ORLANDO, FL	ORANGE AVENUE	Mailing Address P.O. BOX 560862 ORLANDO, FL 32856	-0862 US	3		TIN OLDER AND RECORDER		
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04222008 Ch	ng-NP CR2E037	(12/06)	
City & State		City & State			4. FEI Number 59-2998852			plied For Applicable
Zip	Country Zip		Cou	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current	t Registered Agent			7. Name and Add	ress of New Registered A	gent	
VANNITEDS				Name				
WNTERS, THOMAS F JR,MD 1405 S ORANGE AVE ORLANDO,, FL 32806			Street Address	(P.O. Box Number is N	Not Acceptable)			
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			ļ	City		FL	Zip Code	;
	named entity submits this statement fi ions of registered agent.	or the purpose of changing it	s registere	ed office or registe	ered agent, or both, in	the State of Florida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered ager	A post site of applicable (NO			<u>.</u>			<u>.</u>
			TF: Requesterer	1 AMBAI BIODED DE DBOILDE	el when menetating)	DATE		1 17 .
	Signature, types or printed that is or regulation again	кажи ше и аррисацие. (140	TE: Registered	d Agent aignature require	ed when reinstating)	DATE		10.
	filing Fee is \$61.25 Due by May 1, 2008	9. Election Ca Trust Fund	mpaign F	inancing _	\$5.00 May Be Added to Fees	Make check Florida Departi		
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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.

CITY-ST-ZIP

SIGNATURE: _

ORLANDO, FL 32806

SIGNATURE AND TYPED OR PRINTED NAME OF SIG