

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000667

FILED
Jun 07, 2006
Secretary of State

Entity Name: ACA OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

2759 MARSH WREN CIRCLE
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2759 MARSH WREN CIRCLE
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3195479 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

AGC CO.
200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO, FL 32802 US

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: PD () Delete
Name: MEHTA, JASBIR P
Address: 2759 MARSH WREN CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: VD () Delete
Name: JOINER, EDWARD
Address: 1012 EAST MICHIGAN AVENUE
City-St-Zip: DELAND, FL 32724

Title: P () Delete
Name: ARORA, KIRAN
Address: 6515 CATRMEL LANE
City-St-Zip: ORLANDO, FL 34786

Title: D () Delete
Name: DEIHPANDE, ANIL
Address: 8839 SOUTHERN BREEZE DR.
City-St-Zip: ORLANDO, FL 32684

Title: T () Delete
Name: JHAVERI, GAURAV
Address: 3510 FOXCROFT CIR
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: RATAN, GUHA
Address: 2901 LOLISSA LANE
City-St-Zip: MAITLAND, FL 32816

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JASBIR P MEHTA

PD

06/07/2006

Electronic Signature of Signing Officer or Director

Date