## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9300000667

Entity Name: ACA OF CENTRAL FLORIDA, INC.

FILED May 12, 2008 Secretary of State

O	in that Discours Business	N Beise	in al Blace of Businesses
2759 MARS	rincipal Place of Business: BH WREN CIRCLE DD, FL 32779	New Princ	ipal Place of Business:
Current Mailing Address:		New Maili	ng Address:
	SH WREN CIRCLE DD, FL 32779		
	59-3195479 FEI Number Applied For() FEI New with s. 607.193(2)(b), F.S., the corporation did not received Address of Current Registered Agent:	•	
SUITE 2300 ORLANDO	, FL 32802 US named entity submits this statement for the purpose	e of changing i	ts registered office or registered agent, or both,
SIGNATURE: Electronic Signature of Registered Agent			 Date
OFFICERS	S AND DIRECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () Delete MEHTA, JASBIR P 2759 MARSH WREN CIRCLE LONGWOOD, FL 32779  VD () Delete JOINER, EDWARD 1012 EAST MICHIGAN AVENUE	Title: Name: Address: City-St-Zip: Title: Name: Address:	ED (X) Change ( ) Addition MEHTA, JASBIR P 2759 MARSH WREN CIRCLE LONGWOOD, FL 32779  T (X) Change ( ) Addition KHANORKAR, SHARMILA 157 VISTA OAK DRIVE
City-St-Zip: Title: Name: Address: City-St-Zip:	P ( ) Delete ARORA, KIRAN 6515 CATRMEL LANE ORLANDO, FL 34786	City-St-Zip: Title: Name: Address: City-St-Zip:	LONGWOOD, FL 32779  D (X) Change ( ) Addition  ARORA, KIRAN 6515 CATRMEL LANE  ORLANDO, FL 34786
Title: Name: Address: City-St-Zip:	D () Delete DEIHPANDE, ANIL 8839 SOUTHERN BREEZE DR. ORLANDO, FL 32684	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () Delete JHAVERI, GAURAV 5720 BEAR STONE RUN OVIEDO, FL 32765	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition JHAVERI, GAURAV 5720 BEAR STONE RUN OVIEDO, FL 32765
Title: Name: Address: City-St-Zip:	D () Delete RATAN, GUHA 2901 LOLISSA LANE MAITLAND, FL 32816	Title: Name: Address: City-St-Zip:	()Change ()Addition

I hereby certify that the information supplied with this filing does not qualify 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 ED 05/12/2008