


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90016 025 \*\*\*150.00

<b>DOCUMENT # P00000008053</b>	
1. Entity Name <b>PROFESSIONAL MANAGEMENT OF CENTRAL FLORIDA, INC.</b>	

Principal Place of Business <b>501 N. MAGNOLIA AVENUE SUITE 100 ORLANDO, FL 32801</b>	Mailing Address <b>1665 PALM BEACH LAKES BLVD. 400 WEST PALM BEACH, FL 33401</b>
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2. Principal Place of Business - No P.O. Box # <b>707 MENDHAM BLVD.</b>	3. Mailing Address <b>707 MENDHAM BLVD</b>
Suite, Apt. #, etc. <b>SUITE 201</b>	Suite, Apt. #, etc. <b>SUITE 201</b>
City & State <b>ORLANDO FL</b>	City & State <b>ORLANDO FL</b>
Zip <b>32825</b>	Country <b>USA</b>



02072007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3631501</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>ZIMMERMAN, SCOTT 501 N. MAGNOLIA AVENUE SUITE 100 ORLANDO, FL 32801</b>	7. Name and Address of New Registered Agent Name <b>LOUIS E. VOGT</b> Street Address (P.O. Box Number is Not Acceptable) <b>707 MENDHAM BLVD., SUITE 201</b> City <b>ORLANDO</b> FL <b>32825</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  **LOUIS E. VOGT** (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV ZIMMERMAN, SCOTT 501 N. MAGNOLIA AVENUE, STE 100 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES/D ZIMMERMAN, SCOTT 707 MENDHAM BLVD., SUITE 201 ORLANDO FL 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO ZIMMERMAN, SCOTT 501 N. MAGNOLIA AVENUE, STE 100 ORLANDO, FL 32801 <input checked="" 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	SVST ALEX, KATHLEEN 250 AUSTRALIAN AVE., STE 1602 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/SEC ALEX, KATHLEEN 1665 PALM BEACH LAKES BLVD, STE 400 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ALEX, KATHLEEN 250 AUSTRALIAN AVE., STE 1602 WEST PALM BEACH, FL 33401 <input checked="" 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	PCEO VOGT, LOUIS E 501 N. MAGNOLIA AVENUE ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/D VOGT, LOUIS E. 707 MENDHAM BLVD., STE 201 ORLANDO FL 32825 <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

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 **BY: Louis E. Vogt, SVP** DATE **2/4/2007 401-377-0600**