


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

09-04-2007 90043 046 \*\*\*150.00

<b>DOCUMENT # P00000098333</b>	
1. Entity Name LONGWOOD EXECUTIVE MEDICAL SUITES, INC.	

Principal Place of Business 1632 N. RONALD REAGAN BLVD. LONGWOOD, FL 32750	Mailing Address 1632 N. RONALD REAGAN BLVD. LONGWOOD, FL 32750
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2. Principal Place of Business - No P.O. Box 1632 N. RONALD REAGAN Blvd.	3. Mailing Address 1632 N. RONALD REAGAN Blvd.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Longwood, FL	City & State Longwood, FL
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Zip 32750	Country USA	Zip 32750	Country USA
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08092007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3721941	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DELGADO, DAVID C 1632 N. COUNTY RD. 427 LONGWOOD, FL 32750	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1632 N. RONALD REAGAN Blvd. City FL Zip Code
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGADO, DAVID C 1632 N. RONALD REAGAN BLVD. LONGWOOD, FL 32750 <input 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	<input 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID C. DELGADO

8/29/07

Date

407.834.4000

Daytime Phone #