2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# P00000104732

Entity Name: HEALTH SPECIALISTS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

7758 WALLACE RD
SUITE D
ORLANDO, FL 32819

New Principal Place of Business:

6900 TURKEY LAKE RD
SUITE 1-1
ORLANDO, FL 32819

Current Mailing Address:

7758 WALLACE RD
SUITE D
ORLANDO, FL 32819

New Mailing Address:

6900 TURKEY LAKE RD
SUITE 1-1
ORLANDO, FL 32819

FEI Number: 59-3683554 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GHULLDU, HARBINDER S
7758 WALLACE RD
SUITE D
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

GHULLDU, HARBINDER S
6900 TURKEY LAKE RD
SUITE 1-1
ORLANDO, FL 32819 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: HARBINDER S GHULLDU 02/11/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: GHULLDU, HARBINDER S MD
Address: 7758 WALLACE RD STE D
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: GHULLDU, HARBINDER S MD
Address: 6900 TURKEY LAKE RD SUITE 1-1
City-St-Zip: ORLANDO, FL 32819

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARBINDER S GHULLDU DPS 02/11/2009
Electronic Signature of Signing Officer or Director Date