

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000078406

FILED
May 21, 2008
Secretary of State

Entity Name: MANOOGIAN GURU ORTHOPEDIC CENTER, P.A.

Current Principal Place of Business:

1945 BAY ROAD
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

1945 BAY ROAD
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 59-3736719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HECKIN, JAMES F ESQ.
215 N. EOLA DRIVE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

HECKIN, JAMES F ESQ.
215 N. EOLA DRIVE
ORLANDO, FL 32801 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: JAMES F. HEEKIN, JR.

05/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GURU, SAMIR
Address: 1227 LAKE WHITNEY DR.
City-St-Zip: WINDERMERE, FL 34786

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: MANOOGIAN, D.O., VREJ K
Address: 1945 BAY ROAD
City-St-Zip: MOUNT DORA, FL 32757

Title: VPS () Change (X) Addition
Name: GURU, D.O., SAMIR C
Address: 1945 BAY ROAD
City-St-Zip: MOUNT DORA, FL 32757

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: VREJ K. MANOOGIAN, D.O.

P

05/21/2008

Electronic Signature of Signing Officer or Director

Date