FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90320 033 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000108335

1. Entity Name
FLORIDA HEALTH CARE OF ORLANDO, P.A.

Principal Place of Business
3433 BURLINGTON DR.
ORLANDO, FL 32837

Mailing Address
3433 BURLINGTON DR.
ORLANDO, FL 32837

DO NOT WRITE IN THIS SPACE

04152004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3755806

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

SOOD, RAJEEV
3433 BURLINGTON DR.
ORLANDO, FL 32837

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	SOOD, RAJEEV
STREET ADDRESS	3433 BURLINGTON DR.
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Rajeev Sood x 4-25-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER — Date — Daytime Phone #