

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000022319

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: EDNEM MEDICAL SERVICES, P.A.

## Current Principal Place of Business:

7148 CURRY FORD RD  
100  
ORLANDO, FL 32822 US

## New Principal Place of Business:

## Current Mailing Address:

9033 LK COVENTRY CT  
GOTHA, FL 34734 US

## New Mailing Address:

2841 WINDSOR HILL DRIVE  
WINDERMERE, FL 34786 US

FEI Number: 30-0075253

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOLTUN, JEFFREY M ESQ  
557 NORTH WYMORE ROAD  
SUITE 100  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: COMENENCIA, DR. ESEL  
Address: 9033 LK COVENTRY CT  
City-St-Zip: GOTHA, FL 34734 US

Title: D ( ) Delete  
Name: ORIEL-COMENENCIA, DR. NEMA  
Address: 9033 LK COVENTRY CT  
City-St-Zip: GOTHA, FL 34734 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: COMENENCIA, DR. ESEL  
Address: 2841 WINDSOR HILL DRIVE  
City-St-Zip: WINDERMERE, FL 34786 US

Title: D (X) Change ( ) Addition  
Name: ORIEL-COMENENCIA, DR. NEMA  
Address: 2841 WINDSOR HILL DRIVE  
City-St-Zip: WINDERMERE, FL 34786 US

I hereby certify that the information supplied with this filing does not qualify for the 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: NEMA ORIEL COMENENCIA

MGR

04/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date