FILED Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90333 032 ***150.00

2007 FOR PROFIT CORPORATION

		ANNU	ML T	_							
DOCUMENT # P03000020978 1. Entity Name CENTRAL FLORIDA INTERNAL, OCCUPATIONAL & ENVIRONMENTAL MEDICINE, P.A.								064119	1		
Principal Place of Business Mailing Address] Λ (0001r	J		
7200 SOUTH GEORGE BLVD.				7200 SOUTH GEORGE BLVD.			3,	,			
SEBRING, FL 33875 US				SEBRING, FL 33875 US							
						•	4 (4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			1841 (8.841 III	
6 Date - 1 - 4 D	V		1								
Principal Place of Business - No P.O. Box # Mailing Address											
Suite, Apt. #, etc. Suite, Apt. #					Apl. #, etc.		-{				
				33.3[1,4], 3.3.			03272007	Chg-P	CR2E034	4 (12/06)	
City & State				City & State			4. FEI Number			Ar	oplied For
							41-2082	232		No	ot Applicable
Zip	Zip Country			Zip Cour		ntry	5. Certificate of Status Desired \$8.75 Additional				
	6. Name and Address of Current					T			_ F6	e Require	d
	o. Name	and Address of Ci	urrent Kegi	stered Agent		Name	7. Name and /	Address of New R	egistered Ag	ent	
ARUMUGAM, ROGER N						TValle					
7200 SOU	TH GEOR	GE BLVD.			Street Address			is Not Acceptable	9)		
SEBRING,	, FL 3387	5								· · · · · · · · · · · · · · · · · · ·	
						City			FL	Zip Cod	e
8. The above	named entit	y submits this staten	nent for the	purpose of changing its	register	ed office or register	red agent, or both	, in the State of Flo	orida. I am far	niliar with.	and accept
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											
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.											
After Ma	ay 1, 200	7 Fee will be \$	550.00	Trust rung Cont	ribution.	⊔ Add	led to Fees				1
10.		OFFICERS	AND DIRE	CTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND D	IRECTOR:	S IN 11
TITLE	P/D Delete TITU					E				Change	☐ Addition
NAME	· · · · · · · · · · · · · · · · · · ·				NAM						1
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS					ļ
	SEBRING	, FL 3387U			-	-ST-ZIP					
TITLE NAME				☐ Delete TITI		_			Ĺ	Change	Addition
STREET ADDRESS						EET ADORESS					- 1
CITY-ST-ZIP						-ST-ZIP					
TITLE				☐ Delete	TITL	E				Change	Addition
NAME					NAM	IE .			-		
STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP					CITY	-ST-ZIP					
TITLE	ŀ			☐ Delete	TITL				[Change	Addition
NAME STREET ADDRESS					NAM	-					
CITY-ST-ZIP						EET ADORESS '- ST-ZIP					
TITLE	····			☐ Delete	TITL					Change	Addition
NAME				LJ Delete	NAM				L		
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP					CITY	-ST-ZIP					
TITLE]			☐ Delete	TITL	E			[Change	Addition
NAME					NAM	E			-	-	
STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP	<u> </u>				CITY	-ST-ZIP					
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, withful other like empowered.											
- angoo.		K)	Tanor into omponorate	_)	11/21	07	12_11	71-00
SIGNAT	URE: _		1/2					4-112-1	<u>v / v</u>	507 T	11-73
	_	SIGNATURE AND TYP	ED OF BEOMTE	DNAME OF SIGNING OFFICER	OR DIREC	TOR		Days	, Day	time Phone #	