2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 05, 2006 8:00 am Secretary of State

1. Entity Nan PHYSICI	MENT # P03000058 ANS OF CENTRAL FLORID .					04-05-200	06 90139 02	26 ***1:	50.00
Principal Place	ce of Business	Mailing Address			100	14330-			
2627 LEGEN LEESBURG,		PO BOX 297 TAVARES, FL 32778							
2. Principal Place of Business 18550 LLS HWY 441									
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			01212006	6 Chg-P	CR2E03	4 (11/05)	
MOUNT	DORA FL	City & State			4. FEI Num 55-08	ber 36056			pplied For ot Applicable
Zip 227	5.7 Country	Zip	Count	try		te of Status Desired		8.75 Add	ditional
	6. Name and Address of Current R	legistered Agent			7. Name ai	d Address of New			
LOWBY	APCHIE O ID			Name	-	· = · =			
LOWRY, ARCHIE O JR. 308 FIFTH AVE				Street Addr	ress (P.O. Box Num	ber is Not Acceptat	ole)		
MTDORA	, FL 32757 💥								
	}; }≠			City			FL	Zip Cod	le
8. The above	named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	ed office or req	gistered agent, or t	oth, in the State of F	Florida. I am fai	niliar with,	and accept
									:
SIGNATURE.	Signature, typed or printed name of registered agent an	rd little if englicable (MOTE	Paclatera	1 Annat eigenture e					
		a and it approaches (1101)	nograiore	n without sufficienting is	equired when reinstating)		DATE		ļ
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaig	gn Finan		\$5.00 May Be Added to Fees		DATE		
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaig Trust Fund Contr	gn Finan	icing	\$5.00 May Be Added to Fees	S/CHANGES TO OF		DIRECTOR	S IN 11
After M 10. TITLE NAME	ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contr	gn Finan ribution.	cing	\$5.00 May Be Added to Fees		FICERS AND D	Change	☐ Addition
After M	ay 1, 2008 Fee will be \$550.0	9. Election Campaig Trust Fund Contr	gn Finanibution. 11. IIILE NAME STREET	cing	\$5.00 May Be Added to Fees	S/CHANGES TO OF	FICERS AND D	Change 44	Addition Sullo
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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, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP-

SIGNATURE:

STREET ADDRESS

Khai FER OR DIRECTOR