2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 14, 2005
Secretary of State

DOCUMENT# P03000066007

Entity Name: BREAST HEALTH INSTITUTE OF ORLANDO, INC

Current Principal Place of Business:

1640 CHERRY RIDGE DRIVE
HEATHROW, FL 32746

New Principal Place of Business:

300 NORTH LAKE DESTINY ROAD
MAITLAND, FL 32751

Current Mailing Address:

1640 CHERRY RIDGE DRIVE
HEATHROW, FL 32746

New Mailing Address:

300 NORTH LAKE DESTINY ROAD
MAITLAND, FL 32751

FEI Number: 20-0098303 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TULLO, RALPH J
1640 CHERRY RIDGE DRIVE
HEATHROW, FL 32746 US

Name and Address of New Registered Agent:

TULLO, RALPH J
300 NORTH LAKE DESTINY ROAD
MAITLAND, FL 32751 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: RALPH J. TULLO, MD 11/14/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: TULLO, RALPH J
Address: 1640 CHERRY RIDGE DRIVE
City-St-Zip: HEATHROW, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RALPH J. TULLO, MD DR. 11/14/2005
Electronic Signature of Signing Officer or Director Date