


FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90078 043 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000066007		
1. Entity Name BREAST HEALTH INSTITUTE OF ORLANDO, INC		

Principal Place of Business 300 NORTH LAKE DESTINY ROAD MAITLAND, FL 32751	Mailing Address 300 NORTH LAKE DESTINY ROAD MAITLAND, FL 32751
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40124330



DO NOT WRITE IN THIS SPACE

07032007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0098303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TULLO, RALPH J
300 NORTH LAKE DESTINY ROAD
MAITLAND, FL 32751**

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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 reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. TULLO, RALPH J 1600 CHESSINGTON CIR <i>1600 Cherry Road Dr</i> LAKE MARY, FL 32746
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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 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.

SIGNATURE: *Ralph J. Tullo* **Ralph J. Tullo MD** *7/3/07* *407 699 6266*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #