

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066007

FILED
Apr 30, 2008
Secretary of State

Entity Name: BREAST HEALTH INSTITUTE OF ORLANDO, INC

Current Principal Place of Business:

300 NORTH LAKE DESTINY ROAD
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

300 NORTH LAKE DESTINY ROAD
MAITLAND, FL 32751

New Mailing Address:

7025 CR 46A SUITE 1071, #517
LAKE MARY, FL 32746

FEI Number: 20-0098303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TULLO, RALPH J
300 NORTH LAKE DESTINY ROAD
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: DR. () Delete
Name: TULLO, RALPH J
Address: 1640 CHERRY RIDER DR
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: TULLO, RALPH J
Address: 1640 CHERRY RIDGE DR
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify 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: RALPH J. TULLO, MD

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date