2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068306

Entity Name: MEDICENTER OF ORLANDO, INC.

FILED Apr 30, 2007 Secretary of State

Current P	Princinal Plac	e of Business:	New Princi	pal Place of Business:	
206 WES	•	o or Businessi		pai i lass si Da sillessi	
С					
KISSIMME	EE, FL 34741				
Current Mailing Address:			New Mailin	New Mailing Address:	
206 WEST OAK ST STE C KISSIMMEE, FL 34741		206 WEST OAK ST C KISSIMMEE, FL 34741			
FEI Number	: 86-1068328	FEI Number Applied For ()	FEI Number Not Applic	cable () Certificate of Status Desired (X)	
Name and	d Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
	ITERS ISLE D D, FL 32837	PRIVE US			
		submits this statement for the	purpose of changing its	s registered office or registered agent, or both,	
in the Stat	e of Florida.	submits this statement for the	purpose of changing its	s registered office or registered agent, or both,	
	e of Florida. É	submits this statement for the		s registered office or registered agent, or both, Date	
in the Stat SIGNATU	e of Florida. RE: Electro				
in the Stat SIGNATU Election Ca	e of Florida. RE: Electro	nic Signature of Registered Ag	ent		
in the Stat SIGNATU Election Ca	e of Florida. RE: Electro mpaign Financii S AND DIREO MD (NAWAZ, MAZ	onic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete HAR RS ISLE DRIVE	ent	Date	
in the Stat SIGNATU Election Ca OFFICER Title: Name: Address:	e of Florida. RE: Electro mpaign Financi S AND DIREC MD (NAWAZ, MAZ 3921 HUNTEF ORLANDO, FI	onic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete HAR RS ISLE DRIVE	ent ADDITIONS Title: Name: Address:	Date S/CHANGES TO OFFICERS AND DIRECTOR	

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: HAROON R. NAWAZ CFO 04/30/2007