2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068306

Entity Name: MEDICENTER OF ORLANDO, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
206 WES	ΓOAK ST				
C KISSIMME	EE, FL 34741				
Current Mailing Address:			New Mailing Address:		
206 WES	_		·		
С					
KISSIMME	EE, FL 34741				
FEI Number	: 86-1068328	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
	MAZHAR ITERS ISLE DF D, FL 32837				
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Ager			ent	Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MD () NAWAZ, MAZH 3921 HUNTERS ORLANDO, FL	S ISLE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CEO () NAWAZ, SEEM 3921 HUNTERS ORLANDO, FL	SISLE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CFO () NAWAZ, HARO 3921 HUNTERS ORLANDO. FL	SISLE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 NAWAZ CFO 04/29/2009