

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094758

FILED
Feb 22, 2010
Secretary of State

Entity Name: A TO Z MEDICAL CENTER INC.

Current Principal Place of Business:

6645 VINELAND ROAD
STE 270
ORLANDO, FL 32819

New Principal Place of Business:

6645 VINELAND ROAD
STE 270
ORLANDO, FL 32819 US

Current Mailing Address:

6645 VINELAND ROAD
STE 270
ORLANDO, FL 32819

New Mailing Address:

6645 VINELAND ROAD
STE 270
ORLANDO, FL 32819 US

FEI Number: 20-0187546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAVTSOV, VLADIMIR
5610 BLUE SHADOW COURT
ORLANDO, FL 32811 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: P
Name: MAGDESSIAN, RIMMA
Address: 2470 LAKE DEBRA RD 13-207
City-St-Zip: ORLANDO, CO 32835 US

Title: S
Name: NUBARYAN, ELINA
Address: 2470 LAKE DEBRA RD 13-207
City-St-Zip: ORLANDO, FL 32835 US

Title: T
Name: EXOUZIAN, KRISTINA
Address: 2470 LAKE DEBRA RD 13-207
City-St-Zip: ORLANDO, FL 32835 US

I hereby 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 all other like empowered.

SIGNATURE: ELINA NUBARYAN

S

02/22/2010

Electronic Signature of Signing Officer or Director

_____ Date