


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000117167 1. Entity Name EAST VINE MEDICAL CENTERS, P.A.	
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Principal Place of Business 1621 E VINE ST KISSIMMEE, FL 34744	Mailing Address 1621 E VINE ST KISSIMMEE, FL 34744
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01272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1190265	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REIS, LAWRENCE J 1621 E VINE ST KISSIMMEE, FL 34744
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DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDST REIS, LAWRENCE J 1621 E VINE ST KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ARVANT, WILLIAM 1621 E VINE ST KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<p>U00000655178 03/13/07-80097-001 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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 another like empowered

SIGNATURE:  **LAWRENCE J. REIS, D.C.** 3/2/07 407-847-2898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #