

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000072286	
1. Entity Name DR. PHILLIPS ALF INC.	

Principal Place of Business 5412 PALM LAKE CIR ORLANDO, FL 32819	Mailing Address 5412 PALM LAKE CIR ORLANDO, FL 32819
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DO NOT WRITE IN THIS SPACE



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0118309	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent YAP, HOOVER 1025 W OAKRIDGE RD ORLANDO, FL 32809	
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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 remaining)	DATE _____
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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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABANAYAN, DIVINA 5412 PALM LAKE CIR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CELESTINO, CORA 5412 PALM LAKE CIR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CELESTINO, JAIME 5412 PALM LAKE CIR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CABANAYAN, ROMEO 5412 PALM LAKE CIR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: <u>CORA CELESTINO</u>	CORA CELESTINO
<u>VICE PRESIDENT</u>	VICE PRESIDENT
<u>4/30/07 (407)352-7370</u>	