

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90223 009 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P0400085166</b>                  |  |
| 1. Entity Name<br>CENTRAL FLORIDA HEALTH, INC. |   |

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|--|--|
| Principal Place of Business<br>3972 GARDEN PLAZA WAY<br>SUITE 4724<br>ORLANDO, FL 32837 US | Mailing Address<br>717 EAST OAK STREET<br>KISSIMMEE, FL 34744 US |
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|  |   |
|--|---|
| 2. Principal Place of Business - No P.O. Box #<br>2891 St. Clair Street<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|--|---|

|                               |              |                             |  |
|-------------------------------|--------------|-----------------------------|--|
| City & State<br>Kissimmee, FL | City & State | 4. FEI Number<br>20-1185494 | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br>34746                  | Country      | Zip                         | Country  |



02212007 Chg-P CR2E034 (12/06)

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|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br>JOHNSON, JASON S<br>3972 GARDEN PLAZA WAY<br>SUITE 4724<br>ORLANDO, FL 32837 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>2891 St. Clair Street<br>City<br>Kissimmee FL Zip Code<br>34746 |  |
|---|--|--|--|

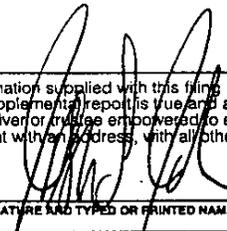
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

|   |   |                                       |
|---|---|---------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|---------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPST<br>JOHNSON, JASON S<br>3972 GARDEN PLAZA WAY SUITE SUTE 4724<br>ORLANDO, FL 32837 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2891 St. Clair Street<br>Kissimmee, FL 34746 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 reports 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:**  **4-23-07** **407-739-6074**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #