

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000129319

Entity Name: SAJUNE MEDICAL CENTER, INC.

FILED  
Apr 26, 2007  
Secretary of State

## Current Principal Place of Business:

45 WEST COLUMBIA STREET  
SUITE 10  
ORLANDO, FL 32806 US

## New Principal Place of Business:

954 LAKE BALDWIN LANE  
ORLANDO, FL 32814 US

## Current Mailing Address:

45 WEST COLUMBIA ST  
SUITE 10  
ORLANDO, FL 32806 US

## New Mailing Address:

954 LAKE BALDWIN LANE  
ORLANDO, FL 32814 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEATHERFORD, WILLIAM P JR  
1150 LOUISIANA AVENUE  
SUITE 4  
WINTER PARK, FL 32789 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 ( ) Delete  
Name: PATI, SANGEETA M.D.  
Address: 45 WEST COLUMBIA STREET  
City-St-Zip: ORLANDO, FL 32806 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PATI, SANGEETA M.D.  
Address: 954 LAKE BALDWIN LANE  
City-St-Zip: ORLANDO, FL 32814 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SANGEETA PATI

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date