

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000130613

FILED  
Feb 01, 2007  
Secretary of State

Entity Name: HITCHCOCK HEALTH INSTITUTE, P.A.

## Current Principal Place of Business:

1803 PARK CENTER DRIVE  
SUITE 115  
ORLANDO, FL 32835

## New Principal Place of Business:

7932 W. SAND LAKE RD  
SUITE 201  
ORLANDO, FL 32819

## Current Mailing Address:

1803 PARK CENTER DRIVE  
SUITE 115  
ORLANDO, FL 32835

## New Mailing Address:

7932 W. SAND LAKE RD  
SUITE 201  
ORLANDO, FL 32819

FEI Number: 20-3520776

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HITCHCOCK, LARA M.D.  
1803 PARK CENTER DRIVE  
SUITE 115  
ORLANDO, FL 32835 US

## Name and Address of New Registered Agent:

HITCHCOCK, LARA M.D.  
7932 W SAND LAKE RD  
SUITE 201  
ORLANDO, FL 32819 US

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: LARA D. HITCHCOCK

02/01/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: HITCHCOCK, LARA M.D.  
Address: 1803 PARK CENTER DRIVE  
City-St-Zip: ORLANDO, FL 32835

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: HITCHCOCK, LARA M.D.  
Address: 7932 W SAND LAKE RD SUITE 201  
City-St-Zip: ORLANDO, FL 32819

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: LARA D HITCHCOCK

MD

02/01/2007

Electronic Signature of Signing Officer or Director

Date