

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000152373

FILED  
May 27, 2009  
Secretary of State

Entity Name: METRO ORLANDO MEDICAL GROUP, INC

**Current Principal Place of Business:**

608 MAITLAND AVENUE  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

2650 S MCCALL ROAD  
ENGLEWOOD, FL 34224

**Current Mailing Address:**

608 MAITLAND AVENUE  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

2650 S MCCALL ROAD  
ENGLEWOOD, FL 34224

FEI Number: 20-3795477

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

VADDEPALLY, RAGHAVENDER R  
1891 ROYAL MAJESTY CT  
OVIEDO, FL 32765 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VADDEPALLY, RAGHAVENDER R  
Address: 1891 ROYAL MAJESTY CT  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: VADDEPALLY RAGHAVENDER

P

05/27/2009

Electronic Signature of Signing Officer or Director

Date