

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000043556

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: VICTOR NOEL ALVARADO, MEDICAL DOCTOR INC.

## Current Principal Place of Business:

2160 WHISPER LAKES BLVD  
ORLANDO, FL 32837

## New Principal Place of Business:

## Current Mailing Address:

2160 WHISPER LAKES BLVD  
ORLANDO, FL 32837

## New Mailing Address:

FEI Number: 20-4654722      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MSW LEDA ALVARADO,  
2049 DARKIN CIR  
ORLANDO, FL 32820      US

## Name and Address of New Registered Agent:

ALVARADO, LEDA VP/OM  
2539 TWILIGHT DRIVE  
ORLANDO, FL 32825      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: LEDA A. ALVARADO

04/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: ALVARADO, VICTOR N  
Address: 2160 WHISPER LAKES BLVD  
City-St-Zip: ORLANDO, FL 32837

Title: T ( ) Delete  
Name: ALVARADO, LEDA A MSW  
Address: 2160 WHISPER LAKES BLVD  
City-St-Zip: ORLANDO, FL 32837

Title: VP (X) Delete  
Name: ALVARADO, GREGORY N  
Address: 2160 WHISPER LAKES BLVD  
City-St-Zip: ORLANDO, FL 32837

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OWNE (X) Change ( ) Addition  
Name: ALVARADO, VICTOR N P/T/S  
Address: 2160 WHISPER LAKES BLVD  
City-St-Zip: ORLANDO, FL 32837

Title: VP/O (X) Change ( ) Addition  
Name: ALVARADO, LEDA A VP  
Address: 2160 WHISPER LAKES BOULEVARD  
City-St-Zip: ORLANDO, FL 32837

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: LEDA A. ALVARADO

VP

04/16/2008

Electronic Signature of Signing Officer or Director

Date