2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# P07000102226

Entity Name: WEST ORANGE HEALTH MANAGEMENT, INC.

Current Principal Place of Business:

1556 MAGUIRE ROAD
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

1556 MAGUIRE ROAD
OCOEE, FL 34761

New Mailing Address:

FEI Number: 26-1075780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RYKIEL, STEPHEN
1556 MAGUIRE ROAD
OCOEE, FL 34761 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: PD ( ) Delete
Name: RYKIEL, STEPHEN
Address: 1556 MAGUIRE ROAD
City-St-Zip: OCOEE, FL 34761

Title: V ( ) Delete
Name: BAAHMAN, REBECCA
Address: 1656 MAGUIRE RD
City-St-Zip: OCOEE, FL 34761

Title: T ( ) Delete
Name: MCCALLUM, THOMAS
Address: 1556 MAGUIRE RD
City-St-Zip: OCOEE, FL 34761

Title: S ( ) Delete
Name: MCKINNEY, SHANNON
Address: 1556 MAGUIRE RD
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: BACHMAN, REBECCA
Address: 1656 MAGUIRE RD
City-St-Zip: OCOEE, FL 34761

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

Title: S (X) Change ( ) Addition
Name: RIVERA, YELITZA
Address: 1556 MAGUIRE RD
City-St-Zip: OCOEE, FL 34761

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: STEPHEN RYKIEL PD 01/08/2009

Electronic Signature of Signing Officer or Director Date