

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000115953

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** OROS HEALTHCARE ELITE RISK PURCHASING GROUP, INC.

**Current Principal Place of Business:**

498 SOUTH LAKE DESTINY RD  
ORLANDO, FL 32810

**New Principal Place of Business:**

189 S. ORANGE AVE  
1170 SOUTH TOWER  
ORLANDO, FL 32801

**Current Mailing Address:**

498 SOUTH LAKE DESTINY RD  
ORLANDO, FL 32810

**New Mailing Address:**

PO BOX 3113  
ORLANDO, FL 32802

**FEI Number:** 59-3674842

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KATZ, JONATHAN I  
498 SOUTH LAKE DESTINY RD  
ORLANDO, FL 32810 US

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

KATZ, JONATHAN I  
189 S. ORANGE AVE  
1170 SOUTH TOWER  
ORLANDO, FL 32801 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: AUDREY WHITTLE

04/22/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KATZ, JONATHAN  
Address: 498 SOUTH LAKE DESTINY RD  
City-St-Zip: ORLANDO, FL 32810

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

Title: D (X) Change ( ) Addition  
Name: KATZ, JONATHAN  
Address: 189 S. ORANGE AVE  
City-St-Zip: 1170 SOUTH TOWER, FL 32801

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: AUDREY WHITTLE

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date