2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2010
Secretary of State

DOCUMENT# P09000077341

Entity Name: HARTFORD HEALTH SERVICES OF ORLANDO, INC

Current Principal Place of Business:

620 SO. LAKE STREET
SUITE 3
LEESBURG, 34748

New Principal Place of Business:

431 E. HORATIO AVE
SUITE 110
MAITLAND, FL 32751

Current Mailing Address:

620 SO. LAKE STREET
SUITE 3
LEESBURG, 34748

New Mailing Address:

431 E. HORATIO AVE
SUITE 110
MAITLAND, FL 32751

FEI Number: 27-0917646 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HISGEN, LISETTE
620 SO. LAKE STREET
SUITE 3
LEESBURG, FL 34748 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: P
Name: RIVAS, CLARA
Address: 620 SO. LAKE STREET SUITE 3
City-St-Zip: LEESBURG, FL 34748

Title: VP
Name: HISGEN, LISETTE
Address: 620 SO. LAKE STREET SUITE 3
City-St-Zip: LEESBURG, FL 34748

Title: VP
Name: RAAD, JORGE
Address: 620 SO. LAKE STREET SUITE 3
City-St-Zip: LEESBURG, FL 34748

I hereby 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 all other like empowered.

SIGNATURE: LISETTE HISGEN VP 02/02/2010

Electronic Signature of Signing Officer or Director — Date