

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000049967

FILED
Apr 13, 2012
Secretary of State

Entity Name: LYMPHEDEMA CLINIC OF ORLANDO, INC.

Current Principal Place of Business:

2139 W STATE ROAD 434, SUITE 101
LONGWOOD, FL 32779 US

New Principal Place of Business:

2139 W STATE ROAD 434
SUITE 101
LONGWOOD, FL 32779 US

Current Mailing Address:

2139 W STATE ROAD 434, SUITE 101
LONGWOOD, FL 32779 US

New Mailing Address:

2139 W STATE ROAD 434
SUITE 101
LONGWOOD, FL 32779 US

FEI Number: 45-2403648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESKANDARI, MOHAMMAD M
1180 SPRING CENTRE SOUTH BLVD
SUITE #112
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

MOULAVI, DEBBIE
2139 W. STATE ROAD 434
SUITE #101
LONGWOOD, FL 32779 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: DEBBIE MOULAVI

04/13/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ESKANDARI, MOHAMMAD M
Address: 1180 SPRING CENTRE SOUTH BLVD. #112
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VP
Name: MOULAVI, DEBBIE L
Address: 2284 RED EMBER ROAD
City-St-Zip: OVIEDO, FL 32765 US

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: DEBBIE MOULAVI

VP

04/13/2012

Electronic Signature of Signing Officer or Director

Date