

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000081240

FILED  
May 01, 2007  
Secretary of State

Entity Name: MEDICAL BUILDING MANAGEMENT CORPORATION

## Current Principal Place of Business:

8809 COMMODITY CIRCLE  
ORLANDO, FL 32819 US

## New Principal Place of Business:

8809 COMMODITY CIRCLE  
SUITE 1  
ORLANDO, FL 32819 US

## Current Mailing Address:

8809 COMMODITY CIRCLE  
ORLANDO, FL 32819 US

## New Mailing Address:

8809 COMMODITY CIRCLE  
SUITE 1  
ORLANDO, FL 32819 US

FEI Number: 59-3215569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORILLO, J. LEONARD MD  
8809 COMMODITY CIRCLE  
ORLANDO, FL 32819 US

## Name and Address of New Registered Agent:

MORILLO, J. LEONARD MD  
8809 COMMODITY CIRCLE  
SUITE 1  
ORLANDO, FL 32819 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:

05/01/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MORILLO, J. LEONARD MD  
Address: 8809 COMMODITY CIRCLE  
City-St-Zip: ORLANDO, FL 32819

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: J. LEONARD MORILLO, M.D.

D

05/01/2007

Electronic Signature of Signing Officer or Director

Date