

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000081448

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: CENTRAL FLORIDA MEDICAL CARE, P.A.

## Current Principal Place of Business:

29320 USHWY 27  
LEESBURG, FL 34748 US

## New Principal Place of Business:

29320 US HWY 27  
LEESBURG, FL 34748 US

## Current Mailing Address:

29320 US HWY 27  
LEESBURG, FL 34748 US

## New Mailing Address:

FEI Number: 59-3276410      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LICHINTGER, DAVID R.  
29320 US HWY 27  
LEESBURG, FL 34748 US

## Name and Address of New Registered Agent:

LICHTINGER, DAVID R.  
29320 US HWY 27  
LEESBURG, FL 34748 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: DAVID R. LICHTINGER      03/09/2009  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P      ( ) Delete  
Name: LICHTINGER, DAVID R.  
Address: 29320 US HWY 27  
City-St-Zip: LEESBURG, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR.      (X) Change ( ) Addition  
Name: LICHTINGER, DAVID R.  
Address: 29320 US HWY 27  
City-St-Zip: LEESBURG, FL 34748

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: DAVID R. LICHTINGER      DR.      03/09/2009  
Electronic Signature of Signing Officer or Director      Date