

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000007992

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA MANAGEMENT, INC.

**Current Principal Place of Business:**

3201 MEDICAL WAY  
#103  
SEBRING, FL 33870 US

**New Principal Place of Business:**

**Current Mailing Address:**

3201 MEDICAL WAY  
#103  
SEBRING, FL 33870 US

**New Mailing Address:**

**FEI Number:** 65-0548581

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCOLLUM & JOHNSON, P.A.  
129 SOUTH COMMERCE AVE.  
SEBRING, FL 33870 US

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

KEIBER, MICHEAL L ESQ  
129 SOUTH COMMERCE AVE.  
SEBRING, FL 33870 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: MICHEAL L KEIBER, ESQ

04/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SEETHARAMIAH, PRAKASH  
Address: 3201 MEDICAL WAY SUITE 103  
City-St-Zip: SEBRING, FL 33870

Title: VP  
Name: SEETHARAMIAH, INDRANI  
Address: 3201 MEDICAL WAY SUITE 103  
City-St-Zip: SEBRING, FL 33870

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: PRAKASH SEETHARAMIAH

P

04/08/2011

Electronic Signature of Signing Officer or Director

Date