2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2007
Secretary of State

DOCUMENT# P96000071089

Entity Name: SANTA ROSA DE LIMA MEDICAL, P.A.

Current Principal Place of Business:

793 HEALTH CARE DRIVE
SUITE 102
ORANGE CITY, FL 32763 US

New Principal Place of Business:

955 TOWN CENTER DRIVE
SUITE 100
ORANGE CITY, FL 32763 US

Current Mailing Address:

P O BOX 740787
ORANGE CITY, FL 327740787 US

New Mailing Address:

FEI Number: 59-3400348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALDERON, SANTIAGO W
4036 BERMUDA GROVE PLACE
LONGWOOD, FL 32779 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 ( ) Delete
Name: CALDERON, SANTIAGO W
Address: 4036 BERMUDA GROVE PLACE
City-St-Zip: LONGWOOD, FL 32779

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 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: SANTIAGO W.CALDERON P 04/08/2007

Electronic Signature of Signing Officer or Director Date