

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000071200

FILED
Apr 25, 2007
Secretary of State

Entity Name: CELEBRATION HEALTH MEDICAL GROUP, INC.

Current Principal Place of Business:

400 CELEBRATION PLACE
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

400 CELEBRATION PLACE
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 59-3461833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIMBLE, T L
111 N ORLANDO AVE
WINTER PARK, FL 32789 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: D () Delete
Name: HOOVER, ROBERT
Address: 661 E. ALTAMONTE DR STE 210
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: PRATT, ALAN M
Address: 610 OAK COMMONS BLVD
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: GILLIS, JACK
Address: 3514 OLETHA DR
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: RUTHERFORD, LOU
Address: 390 N ORANGE AVE, STE 1900
City-St-Zip: ORLANDO, FL 328538065

Title: AS () Delete
Name: TRIMBLE, TAMARA L
Address: 111 N. ORLANDO AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: REINER, RICHARD
Address: 2400 BEDFORD RD
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TAMARA L. TRIMBLE

AS

04/25/2007

Electronic Signature of Signing Officer or Director

Date