

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096292

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: EAST ORLANDO FAMILY MEDICINE ASSOCIATES, P.A.

## Current Principal Place of Business:

13000 AVALON LAKE DR  
100  
ORLANDO, FL 32828

## New Principal Place of Business:

12301 LAKE UNDERHILL ROAD  
219  
ORLANDO, FL 32828

## Current Mailing Address:

13000 AVALON LAKE DR  
100  
ORLANDO, FL 32828

## New Mailing Address:

12301 LAKE UNDERHILL ROAD  
219  
ORLANDO, FL 32828

FEI Number: 59-3478093

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HESS, GENE E  
2881 OLD CASTLE DRIVE  
WINTER PARK, FL 32792 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: PS ( ) Delete  
Name: HUDSON, GEORGE D.O.  
Address: 13000 AVALON LAKE DR SUITE 100  
City-St-Zip: ORLANDO, FL 32828

Title: VT ( ) Delete  
Name: MALLONEE, RONALD D.O.  
Address: 13000 AVALON LAKE DR  
City-St-Zip: ORLANDO, FL 32828

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: HUDSON, GEORGE D.O.  
Address: 10902 DYLAN LOREN CIR  
City-St-Zip: ORLANDO, FL 32825

Title: VT (X) Change ( ) Addition  
Name: MALLONEE, RONALD D.O.  
Address: 12301 LAKE UNDERHILL ROAD SUITE 219  
City-St-Zip: ORLANDO, FL 32828

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: RONALD MALLONEE DO

VT

04/08/2008

Electronic Signature of Signing Officer or Director

Date