

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90043 045 ***150.00

DOCUMENT # P98000011463 1. Entity Name CHESTER MEDICAL OFFICES, INC.					
Principal Place of Business 1632 RONALD REAGAN BLVD. LONGWOOD, FL 32750			Mailing Address 1632 RONALD REAGAN BLVD. LONGWOOD, FL 32750		
2. Principal Place of Business - No P.O. Box # 1672 N. RONALD REAGAN Blvd.		3. Mailing Address 1672 N. RONALD REAGAN Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08092007 Chg-P CR2E034 (12/06)	
City & State Longwood, FL		City & State Longwood, FL		4. FEI Number 59-3491877	
Zip 32750		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELGADO, DAVID C 1632 N. RONALD REAGAN BLVD. LONGWOOD, FL 32750				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1672 N. RONALD REAGAN Blvd. City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGADO, DAVID C 1632 N. RONALD REAGAN BLVD. LONGWOOD, FL 32750	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: DAVID C. DELGADO 8/29/07 407-834-4000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					