

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

|                                                      |                                                                                   |
|------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P98000027240</b>                       |  |
| 1. Entity Name<br><b>HEREDIA HEALTH CLINIC, INC.</b> |                                                                                   |

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br><b>910 N. PINE HILLS RD.<br/>ORLANDO, FL 32808</b> | Mailing Address<br><b>910 N. PINE HILLS RD.<br/>ORLANDO, FL 32808</b> |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CR2E034 (11/03)

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>58-3503654</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

6. Name and Address of Current Registered Agent

**HEREDIA, J. REINALDO  
910 N. PINE HILLS RD.  
ORLANDO, FL 32808**

DO NOT WRITE  
IN THIS SPACE

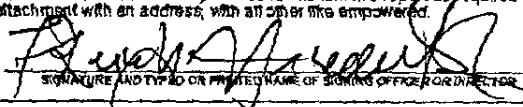
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (Signature of Agent or Authorized Officer) (Notarize Agent's Signature and Seal is not required)

|                                                                               |                                                                                                                        |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                                                                                                                   |                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE: <b>P</b><br>NAME: <b>HEREDIA, J. REINALDO</b><br>STREET ADDRESS: <b>8130 BAY SIDE CT.</b><br>CITY-STATE-ZIP: <b>ORLANDO, FL 32818</b> | <p style="text-align: right; font-size: 18pt;">000000472396<br/>03/29/06-90035-003 150.00</p> <p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE<br/>IN THIS SPACE</p> |
| TITLE: <b>D</b><br>NAME: <b>HEREDIA, MELINDA A</b><br>STREET ADDRESS: <b>8130 BAY SIDE CT.</b><br>CITY-STATE-ZIP: <b>ORLANDO, FL 32818</b>   |                                                                                                                                                                                                     |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-STATE-ZIP:                                                                                        |                                                                                                                                                                                                     |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-STATE-ZIP:                                                                                        |                                                                                                                                                                                                     |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-STATE-ZIP:                                                                                        |                                                                                                                                                                                                     |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-STATE-ZIP:                                                                                        |                                                                                                                                                                                                     |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 112, 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with an officer like empowered.

**SIGNATURE:**  **03/13/06 407 445-4500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR