

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000043669

1. Entity Name
MFU REAL ESTATE CORPORATION



Principal Place of Business
**1616 WOODWARD STREET
ORLANDO, FL 32803**

Mailing Address
**1616 WOODWARD STREET
ORLANDO, FL 32803**



01052006 No Chg-P GR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3510673	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DONAHUE, DENNIS J M.D.
1616 WOODWARD STREET
ORLANDO, FL 32803**

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DONAHUE, DENNIS J M.D.
STREET ADDRESS	1616 WOODWARD STREET
CITY- ST- ZIP	ORLANDO, FL 32803

TITLE	D
NAME	KATA, EDWARD J M.D.
STREET ADDRESS	1616 WOODWARD STREET
CITY- ST- ZIP	ORLANDO, FL 32803

TITLE	D
NAME	LOPEZ, JUAN A M.D.
STREET ADDRESS	1616 WOODWARD STREET
CITY- ST- ZIP	ORLANDO, FL 32803

TITLE	D
NAME	GERBER, ADAM
STREET ADDRESS	1616 WOODWARD ST
CITY- ST- ZIP	ORLANDO, FL 32803

TITLE	D
NAME	GEORGES, CLETUS
STREET ADDRESS	1616 WOODWARD ST
CITY- ST- ZIP	ORLANDO, FL 32803

TITLE	D
NAME	REINE, ALDEN MD
STREET ADDRESS	1616 WOODWARD ST
CITY- ST- ZIP	ORLANDO, FL 32803

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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/06

Date

407-896-1181

Daytime Phone #