PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED May 03, 1999 8:00 am Secretary of State 05-03-1999 90123 009 ***300.00

	1999 DIVISION OF CORPORATIONS					
DOCUMENT # P980000 1. Corporation Name ORLANDOHEALTH.COM, INC.	085259					
District Office of District	Mailing Addross			IY TAHAN BULIN ULAHI A	Elfin foll long	
7575 DR. PHILIPS BLVD. #10 ORLANDO FL 32819				DO NOT WRITE IN THIS SPACE		
			3. Date incorporated or Qualified	• • • • • • • • • • • • • • • • • • • 		
			10/05/1998			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number		lied For	
21	26		59-3537389		Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	,	5. Certificate of Status Desired	\$8.75 A		
22	27			Fee Req		
City & State	e City & State		6. Election Campaign Financing \$5.00 May 8 Trust Fund Contribution Added to Feet			
23	28 Zip	Country	8. This corporation owes the current year in		71003	
Zip Country		501)	Personal Property Tax.	Yes [JNo I	
24 25 9. Name and Address of Current I		1	10. Name and Address of New Registered	i Agent		
S. Halle and results of Content	tograma vagar	81 Name				
A.G.C. CO.		82 Street Add	ress (P.O. Box Number is Not Acceptable)			
200 SOUTH ORANGE AVENUE		SII SII SII ACUI	1655 (F.O. BOX Number to Not Acceptable)			
SUNTRUST CENTER #2300		83			i	
Orlando fl 32802		84 City		85 Zip Co	ode	
		1 1 1	<u>F</u> I	L - ·		
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose of	of changing its r	egistered j	
l office or registered exect Of hoth in the State of	FINANS SUCH CHARGE WAS BUT	horized by the corporation	on's board of directors. I hereby accept the appo	ointment as regi	istered	
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligatio	Florida. Such change was aut ns of, Section 607.0505, Florid	horized by the corporation to the corporation of th	poration submits this statement for the purpose on's board of directors. I hereby accept the appoint	ointment as regi	istered	
SIGNATURE				ointment as regi	— i.	
SIGNATURE Signature, typed or printed name of registered agant a	nd title af applicable. (NOTE: R	legistered Agent signature require			— i.	
SIGNATURE Signature, typed or printed name of registered agent at 12. OFFICERS AND	nd title af applicable. (NOTE: R		od when reinstating) DATE		— i.	
SIGNATURE Signature, typed or printed name of registered against a 12. OFFICERS AND TITLE D	nd ittle a applicable. (NOTE: R	begistered Agent signature require	od when reinstating) DATE	ND DIRECTOR	— i.	
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

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BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR