


**FILED**  
**May 19, 2005 8:00 am**  
**Secretary of State**

05-19-2005 90046 022 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P98000085259**  
 1. Entity Name  
 ORLANDOHEALTH.COM, INC.



Principal Place of Business 7575 DR. PHILLIPS BLVD. #10 ORLANDO, FL 32819	Mailing Address 7575 DR. PHILLIPS BLVD. #10 ORLANDO, FL 32819
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40084879



03102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3537389	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 A.G.C. CO.  
 200 SOUTH ORANGE AVENUE  
 SUNTRUST CENTER #2300  
 ORLANDO, FL 32802

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

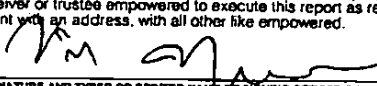
9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00 May Be  
 Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDING, VICTOR 7575 DR. PHILLIPS BLVD. #10 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDING, DEBORAH 7575 DR. PHILLIPS BLVD. #10 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: 4-12-05 TELEPHONE: 407-345-1551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone