


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90013 028 ***150.00

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		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 200 S. Orange Ave Suite, Apt. #, etc. Ste. 2300 City & State Orlando, FL Zip Country 32801 USA			
4. FEI Number 59-3537389		Applied For <input type="checkbox"/> 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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete HARDING, VICTOR 7575 DR. PHILLIPS BLVD. #10 ORLANDO, FL 32819		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete HARDING, DEBORAH 7575 DR. PHILLIPS BLVD. #10 ORLANDO, FL 32819		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-23-06 407-345-1551 <small>Date Daytime Phone #</small>		

Baker Hostetler

ATTACHMENT
50001147
#098000085259

March 3, 2006

Florida Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

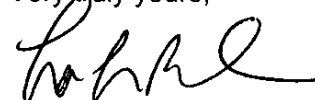
Re: 2006 UBR - Orlandohealth.com, Inc.
Client-Matter No. 79195 -10574

Dear Sir or Madam:

Enclosed please find the 2006 For Profit Annual Report for the above-referenced entity.
Also enclosed is a check in the amount of \$150.00 to cover the cost of the filing fee.

Should you have any questions regarding the enclosed, please do not hesitate to contact me.

Very truly yours,


Laurie L. Bergstresser
Paralegal

Enclosure

79195, 10574, 101235753

Baker & Hostetler LLP

SunTrust Center, Suite 2300
200 South Orange Avenue
Post Office Box 112
Orlando, FL 32802-0112

T 407.649.4000
F 407.841.0168
www.bakerlaw.com

direct dial: 407.649.4287
lbergstresser@bakerlaw.com