

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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May 03, 2007 8:00 am
Secretary of State

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04112007 No Chg-P CR2E034 (11/05)

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



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

Mailing Address
 200 S. ORANGE AVE
 STE 2300
 ORLANDO, FL 32801

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 _____
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, 2007 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
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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 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

Date: 4-30-07 Daytime Phone #: 407-345-1551