



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000091148</b>														
1. Entity Name METRO HEALTH, INC.														
Principal Place of Business 6000 METROWEST BLVD 108 ORLANDO, FL 32835	Mailing Address 6000 METROWEST BLVD 108 ORLANDO, FL 32835	  01252007 No Chg-P CR2E034 (11/05) <table border="1"><tr><td>4. FEI Number 59-3539756</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-3539756	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
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<b>DO NOT WRITE IN THIS SPACE</b>														
6. Name and Address of Current Registered Agent  QUANING, STEPHEN J 1954 KATIE HILL WAY WINDERMERE, FL 34786		<b>DO NOT WRITE IN THIS SPACE</b>												
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 (if applicable) (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____														
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees												
<b>10. OFFICERS AND DIRECTORS</b> <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>PTD QUANING, STEPHEN J 6000 METROWEST BLVD, STE 108 ORLANDO, FL 32835</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>VSD PATTANAYAK, LISA MD 6000 METROWEST BLVD, STE 108 ORLANDO, FL 32835</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr></table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD QUANING, STEPHEN J 6000 METROWEST BLVD, STE 108 ORLANDO, FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PATTANAYAK, LISA MD 6000 METROWEST BLVD, STE 108 ORLANDO, FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		  000000617187 02/07/07-80065-001 150.00  <b>DO NOT WRITE IN THIS SPACE</b>
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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.														
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____												