

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000091148

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

**FILED**  
**09 FEB 20 PM 12:46**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



07162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3539756

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

QUANING, STEPHEN J  
1954 KATIE HILL WAY  
WINDERMERE, FL 34786

**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**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

900143027739  
02/06/09--01042--001 \*\*138.75

900143027739  
02/20/09--01028--001 \*\*11.25

**DO NOT WRITE  
IN THIS SPACE**

DC 2/23

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

Daytime Phone #